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The **TEXAS PLAN**  
for **HOSPITALS**  
*and* **PUBLIC HEALTH CENTERS**

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Revised 1949



TEXAS, STATE DEPARTMENT OF HEALTH

GEO. W. COX, M.D.  
STATE HEALTH OFFICER  
AUSTIN, TEXAS

1954  
55



The Texas State Dept. of Health  
the 20th day of March, 1949, by virtue of its authority to administer the Hospital Survey and Construction Program as authorized by Public Law 13, 1944, and by the action of the State Advisory Council, has designated the State and the State Agency in carrying out the above.

The Hospital Survey and Construction Program was constituted to facilitate the above.

### TEXAS

Under these Agency designation the State and the State Agency will proceed to make available to the State and the State Agency all information concerning the Hospital Survey and Construction Program and all other information concerning the Hospital Survey and Construction Program.

### REVISED STATE PLAN

#### FOR CONSTRUCTION OF

It is the purpose of this Plan to create and maintain a public health program in the State of Texas which will bring about the construction of hospitals and public health centers.

### HOSPITALS AND PUBLIC HEALTH CENTERS

The State and the State Agency will bring about the construction of hospitals and public health centers in the State of Texas.

15 MAY 1949

*Edward B. Farley*  
Edward B. Farley, M.D.  
Chairman, State Board of Health

Approval recommended by State Advisory Council May 28, 1949

Approved by State Agency June 13, 1949

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BASIC ORGANIZATION CHART  
OF THE  
TEXAS STATE DEPARTMENT OF HEALTH

3375

( 20-28)

EXHIBIT TO TEXAS STATE DEPARTMENT OF HEALTH

GOVERNOR

DEPARTMENT OF HEALTH FOREWORD Robert A. Brown

ASST. SECRETARY

The Texas State Board of Health was designated by the 50th State Legislature as the sole State Agency for administering the Hospital Survey and Construction Program as authorized by Public Law 725, 79th Congress. A State Advisory Council was designated to consult with the State Agency in carrying out its mission.

The Hospital Survey and Construction Division was constituted to implement the program.

Under these agencies the program has been actively prosecuted and some 3,000 beds provided in the several categories. In the Revised Plan these additional beds, and all others known to have been constructed since the initial survey was made, have been taken into account.

It is the purpose of the State Board of Health to create and maintain a continued interest throughout the State in this program, with particular emphasis upon the need for additional Public Health Centers, and to bring about a high standard of maintenance and operation in the participating hospitals.

*Howard B. Granberry*  
Howard B. Granberry, M. D.  
Chairman, State Board of Health

MEMBERS OF STATE BOARD OF HEALTH

Howard B. Granberry, M.D., Chairman  
Austin, Texas

O. B. Kiel, M.D., Vice Chairman  
Wichita Falls, Texas

Pat J. Cavenaugh, Phar.D., Secretary  
San Antonio, Texas

John H. Mitchell, M.D.  
Tyler, Texas

Truman Terrell, M.D.  
Fort Worth, Texas

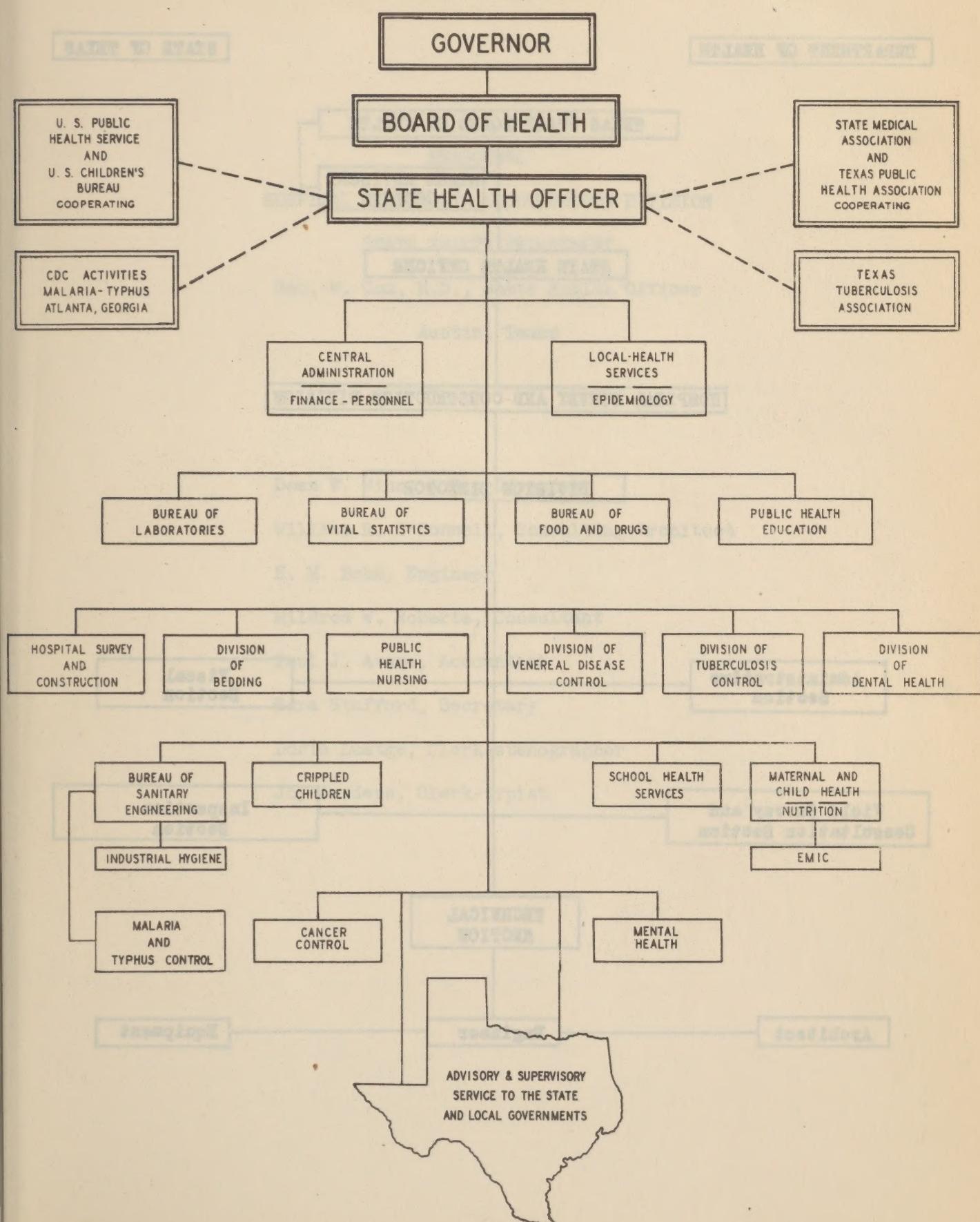
S. D. Coleman, M.D.  
Navasota, Texas

B. E. Pickett, M.D.  
Carrizo Springs, Texas

Mr. J. P. Burden, Engineer  
San Angelo, Texas

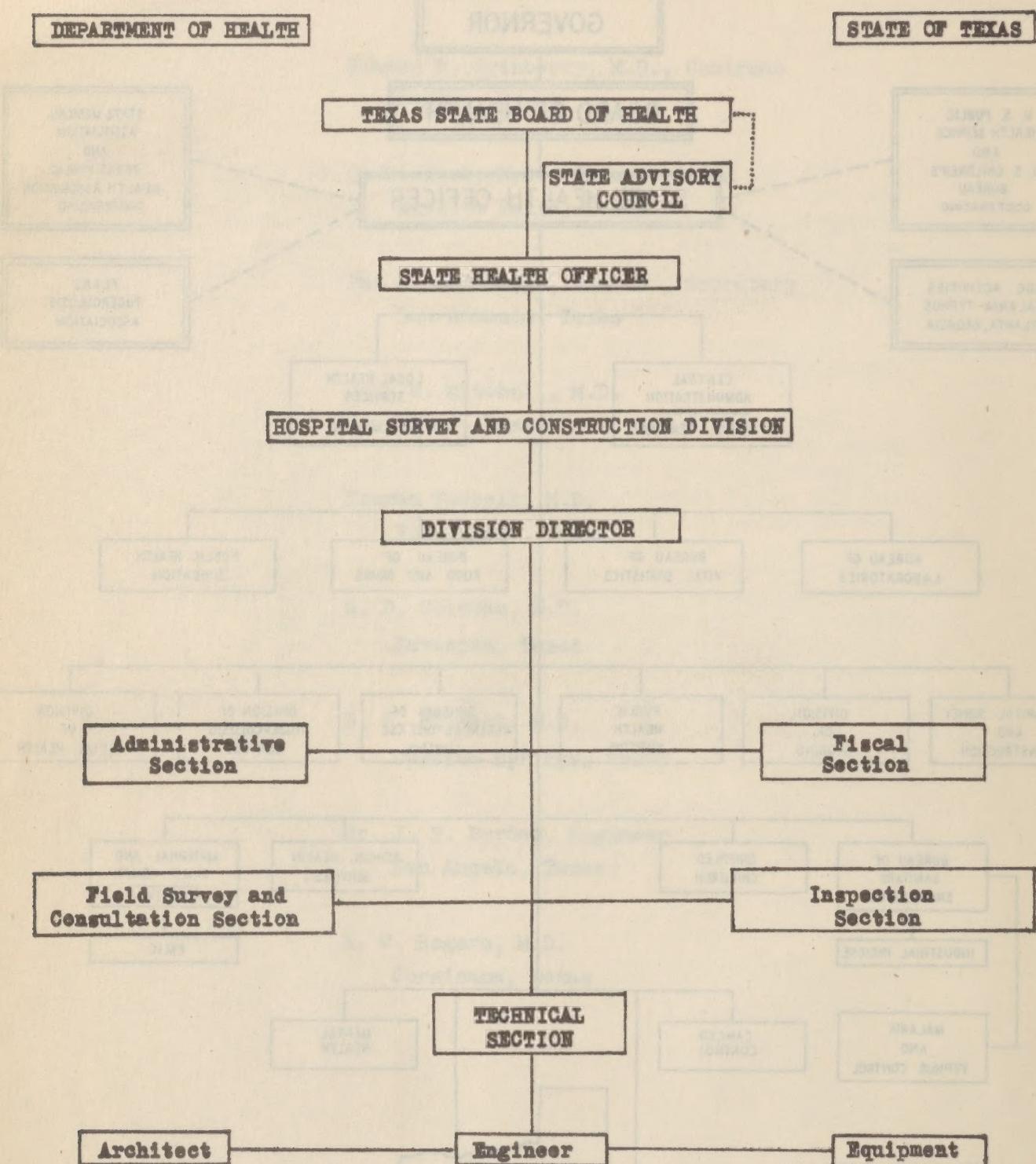
A. W. Rogers, M.D.  
Corsicana, Texas

BASIC ORGANIZATION CHART  
OF THE  
TEXAS STATE DEPARTMENT OF HEALTH



TEXAS STATE BOARD OF HEALTH  
DEPARTMENT OF HEALTH

ORGANIZATION CHART



**PERSONNEL**

**HOSPITAL SURVEY AND CONSTRUCTION DIVISION**

**STATE HEALTH DEPARTMENT**

**Geo. W. Cox, M.D., State Health Officer**

**Austin, Texas**

---

**Dean F. Winn, M.D., Director**

**William R. O'Connell, Consulting Architect**

**H. M. Bohn, Engineer**

**Mildred W. Roberts, Consultant**

**Paul J. Avera, Accountant**

**Edra Stafford, Secretary**

**Doris Luetge, Clerk-stenographer**

**Joy Sanders, Clerk-typist**

EXHIBIT "B"

AUTHORITY OF STATE AGENCY

House Bill 503 of the 50th Texas Legislature was passed by the House of Representatives on May 6, 1947 by the following vote --- Yeas, 119; Nays, 2

The bill was passed by the Senate on May 29, 1947 by the following vote --- Yeas, 27; Nays, none

The bill was approved by the Honorable Beauford H. Jester, Governor of Texas, on June 17, 1947 at which time, through the provisions of the bill, it immediately became the law or enabling act for the purpose of qualifying the State of Texas to participate in the benefits of Public Law 725 of the 79th Congress.

Opinion No. V-548 of the Attorney General of Texas, dated April 17, 1948, and supplemental opinion dated June 30, 1948, in reference to the authority of the State Board of Health to promulgate and to enforce minimum standards of operation and maintenance.

Exhibit "C"

STATE ADVISORY COUNCIL

1. Merton M. Minter, M.D., Chairman  
1501 Nix Professional Building  
San Antonio, Texas
2. C. T. McLaughlin, Secretary  
Manager, Diamond "M" Ranch  
Snyder, Texas
3. Thomas H. Head, Administrator  
Shannon West Texas Memorial Hospital  
San Angelo, Texas
4. Joseph D. Nichols, M.D.  
Ellington Memorial Hospital  
Atlanta, Texas
5. Horace Baker, M.D., Owner  
Baker Hospital  
Wills Point, Texas
6. Harvey Renger, M.D., Owner  
Renger Hospital  
Hallettsville, Texas
7. R. W. Kimbro, M.D.  
Cleburne, Texas
8. Mrs. Wanda Reed, R.N.  
1810 Harrison Street  
Amarillo, Texas  
(vacancy)
9. J. W. Hammond, President  
Texas Farm Bureau Federation  
Waco, Texas
10. B. E. Giesecke, Architect  
121 East 8th  
Austin, Texas
11. Ben Templeton, Engineer  
Brady, Texas
12. Earle P. Adams, Attorney  
Crockett, Texas  
(Replacing Meade Griffin  
Plainview, Texas)

Exhibit "D"

DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM

The original hospital construction program was based on a survey of the then existing hospitals and public health centers in the State. Although the schedules of information utilized were deficient in many instances in data respecting source of patients, scope of professional activities, organizational practices, extent of formal training programs, and the like, they did furnish reasonably accurate information on type of construction, normal bed capacity, percentage of occupancy and other data upon which the dispersion of hospital beds could be charted and the needs for additional beds fairly well estimated. It was not feasible from information available within the time limit set for the completion of the initial State Plan to determine service areas in accordance with all of the generally accepted criteria and supported by clearly defined rationalization and justification.

The State was divided into twelve regional areas, identified by the largest city within each region. These regions already conformed to the requirements of a base area in respect to recognized medical schools or to size of existing hospitals, registration with the American Medical Association, approval by the American College of Surgeons, approved residencies and internships, and population; or, existing discrepancies in conformance were to be corrected in the State construction program. It was considered that these hospitals would be suitable for use as base hospitals in a co-ordinated hospital system within the State.

The counties making up these regions were designated as intermediate or rural areas. Regional boundaries were determined, in general, by similarity of economic interests, trade habits and transportation facilities. Selection of intermediate areas was based upon population figures plus actual or anticipated hospitals of prescribed bed capacity. With a few exceptions, in which a combination of two or more counties was made, the areas were established strictly by county boundary. This resulted in the formation of 229 areas from the 254 counties in the State. It is recognized that this system took little account of the actual area served by the established hospitals of the rural, intermediate and base areas. It is recognized also that no

Development of Hospital Construction Program

representation was attempted by narrative account or by statistical data to rationalize or completely justify the policy adopted.

During the period following the approval of the initial State Plan it has been impracticable to accomplish a sufficiently detailed survey which would permit the development of a plan based on realistic evaluation of all available pertinent data and setting forth in simple and understandable language the reasons for the action taken in the several communities. Such a survey is now being planned to supplement the accumulated information already obtained through special surveys and from the lessons learned in the operation of the program over the past two years. It is the intention of the State Agency to again revise the State Plan along these lines as soon as possible. This type of survey will require careful planning and adequate funds and personnel.

A parallel of geographic area, economic interests, vast distances, and population distribution in any other State would be quite unconvincing. The tremendous contrast in the distribution of population in the fairly heavily populated eastern section with the sparsely peopled northwestern, western and southern sections must be given special consideration in the application of any formula for the development of a state-wide hospital construction program. For example, travelling by automobile from Orange County on the eastern border of the State to San Antonio, a distance of 308 miles, the highway would pass through twelve counties with a total population of 1,545,000. Of these, 1,301,400 would represent three counties and the remaining nine counties would have an average population of 27,111. Travelling in the same manner from San Antonio to El Paso on the extreme western border of the State, a distance of 571 miles, the highway would pass through ten counties with a total population of 233,200. 161,700 of these people would be found at the end of the journey in El Paso County and the remaining nine counties would have an average population of 7,945. Five of these nine counties would have an average population of only 2,960 and represent an area of 13,027 square miles, or 1.1 per sq. mile.

The 99th meridian practically bisects the State from north to south. The population east of this line is 5,728,665 and to the west of this line there are 1,424,335 people. In the eastern half there were 994,992 negroes; to the west 35,040, according to the 1940 U. S. Census.

Development of Hospital Construction Program

Relatively, as compared to many other parts of the country, distances have a diminished significance. A physician may accept as all in a day's work a service area with a radius of 20 to 30 miles, and people travel such distances on the universally good roads for their necessary trading, hospitalization, and the like, without the sense of inconvenience which might be expected by the uninitiated.

Such considerations of distances and peculiarities of population distribution indicate to a degree some of the problems inherent in the preparation of a hospital construction program aimed at providing an equitable distribution of beds for the total population and for racial groups. These factors likewise complicate the establishment of a coordinated hospital program.

In the meantime, with the formal approval of the U. S. Public Health Service, the Revised State Plan now being presented conforms, in general, with the original Plan in relation to hospital service areas. The number of regional areas has been increased from 12 to 13 by dividing the Cen-Tex Region. It is believed that this represents a more natural assignment of the counties in their relation to the base area hospitals. A few other changes have been made in the area assignments of counties, based on road nets, trade habits, etc. The number of intermediate areas has been reduced from 33 to 28. This reduction is based on a more accurate estimate of the probability of certain areas being able to qualify for this classification regardless of population figures. The reduction of rural areas from 184 to 163 is explained by the re-grouping of thinly populated counties having little concentration of the inhabitants and relatively low financial resources.

A complete statistical revision has been made in which all new construction has been incorporated into the State Plan.

NON-ACCEPTABLE BEDS

Non-acceptable beds listed on PHS-5(HF) fall within three categories:

- (1) All existing hospital beds in excess of the normal capacity for which the hospital was constructed and where over-crowded conditions are evident.

Development of Hospital Construction Program

- (2) Institutions which have been determined on inspection by Safety and Insurance Agencies as public hazards or unfit for public occupancy.
- (3) All hospitals under eight bed capacity regardless of type or condition. In an area having an otherwise acceptable hospital or clinic under eight beds and for which facilities have been programmed, the recommendation will be to enlarge that small hospital to meet the needs of the community.

ASSURANCE AGAINST NON-DISCRIMINATION

The State Agency has adopted the principle of non-discrimination as to race, creed or color and ability to pay as set forth in Public Law 725, Section 622(f) and the Federal Regulations relating thereto as a basis for consideration of applications for Federal aid from project sponsors.

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

GENERAL BED DISTRIBUTION REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

FORM APPROVED  
BUREAU OF BUDGET NO. 68-2299  
EXPIRATION DATE SEPT. 30, 1948  
1. PAGE 1 OF 13  
2. DATE 15 May 49  
3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (Col. 6 minus Col. 8)		DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (Col. 12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8)
		STATE RATIO (6)	AREA RATIO (7)	TOTAL (Col. 6 minus Col. 8)	WITHIN AREA (Col. 7 minus Col. 8)	CH. STATE POOL (Col. 9 minus Col. 10)					
<u>Amarillo Region I</u>	B-1	82,300	370	485	0	0	123	608	123	608	29
	I-1	32,600	147	101	46	29	0	130	0	130	0
	I-2	24,800	112	99	13	0	13	99	0	99	0
	R-1	13,400	60	34	40	20	0	20	8	48	8
	R-2	9,900	45	25	28	17	0	17	0	28	0
	R-3	4,300	19	11	53	0	0	0	0	53	0
	R-4	3,500	16	9	16	0	0	0	10	26	10
	R-5	3,500	16	9	16	0	0	0	0	16	0
	R-6	11,400	51	29	63	0	0	0	0	63	0
	R-7	15,000	68	38	38	30	0	0	30	38	0
	R-8	7,800	35	20	20	15	0	15	0	20	0
	R-9	7,100	32	18	22	10	0	10	0	22	0
	R-10	9,200	41	23	21	20	2	18	7	30	9
	R-11	5,000	23	13	20R	3	0	3	0	20	0
	R-12	3,500	16	9	26R	0	0	0	0	26	0
	R-13	12,800	58	32	46	12	0	0	12	46	0
	R-14	14,200	64	36	47	17	0	0	17	47	0

## GENERAL BED DISTRIBUTION REPORT

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AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (6)	DETERMINATION OF POOL BEDS		BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)			
Lubbock Region II									
B-2	70,900	319	315	4	4	0	181	500	185
I-3	32,000	128	89	55	39	16	1	129	40
R-15	9,300	42	23	16	0	16	0	26	0
R-16	7,800	35	20	14	0	14	0	21	0
R-17	22,000	99	55	151	0	0	0	151	0
R-18	11,400	51	29	24	27	5	22	0	5
R-19	5,000	23	13	24	0	0	0	24	0
R-20	5,700	26	14	23	3	0	3	23	0
R-21	23,400	105	59	34	71	25	46	66	31
R-22	12,100	54	30	34	20	0	20	0	0
R-23	9,200	41	23	20	21	3	18	7	10
R-24	17,000	77	42	36	41	6	35	8	14
R-25	22,000	99	55	18	81	37	44	0	37
R-26	9,900	45	25	0	45	25	20	0	25
R-27	7,100	32	18	60	0	0	0	60	0
R-28	23,400	105	59	51	54	8	46	6	14

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

## GENERAL BED DISTRIBUTION REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

FORM APPROVED  
BUREAU OF BUDGET NO. 68-R299  
EXPIRATION DATE: SEPT. 30, 19481. PAGE 3 of 13  
2. DATE 15 May 149  
3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (6)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)
		STATE RATIO (6)	AREA RATIO (7)		WITHIN AREA (Col. 7 minus Col. 8) (10)	CH. STATE POOL (Col. 9 minus Col. 10) (11)				
Wichita Falls	Region III									
B-3	85,800	386	386	381	5	5	0	214	600	219
R-29	7,800	35	20	20	15	0	0	0	20	0
R-30	11,300	51	28	63	0	0	0	0	63	0
R-31	5,000	23	13	16	7	0	0	0	16	0
R-32	22,000	99	55	73	26	0	0	0	73	0
R-33	9,900	45	25	20	5	25	0	0	25	5
R-34	17,000	77	43	38	39	5	34	7	50	12
R-35	12,000	54	30	40	14	0	0	0	40	0
R-36	7,100	32	18	49	0	0	0	0	49	0
R-37	6,400	29	16	15	14	1	13	0	0	16
R-38	3,500	16	9	12	4	0	0	0	12	0
R-39	16,300	73	41	53	20	0	0	0	60	7

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

PHS-7 (HF)  
5-47

GENERAL BED DISTRIBUTION REPORT

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FORM APPROVED  
BUREAU OF BUDGET NO. 68-R299  
EXPIRATION DATE SEPT. 30, 1948

1. PAGE 4 of 13  
2. DATE 15 May 149

3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (6)	DETERMINATION OF POOL BEDS		BEDS ALLOCATED TO AREA FROM STATE POOL (Col. 9 minus Col. 10) (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (8)	WITHIN AREA (Col. 7 minus Col. 8) (9)			
<b>Abilene Region IV</b>									
B-4	64,500	290	40	0	121	411	161	147	20
I-4	32,600	147	20	3	17	51	39	110	39
R-40	27,000	122	68	71	0	28	0	36	16
R-41	14,200	64	36	20	44	16	22	0	29
R-42	11,400	51	29	25	26	4	0	75	4
R-43	11,400	51	29	75	0	0	0	0	0
R-44	5,000	23	13	16	7	0	7	0	16
R-45	14,000	63	35	17	46	18	28	0	35
R-46	20,600	93	52	70	23	0	23	15	18
R-47	9,200	41	23	23	18	0	18	10	0
R-48	24,800	112	62	160	0	0	30	30	30
R-49	17,700	80	44	46	34	0	34	0	46
R-50	15,600	70	40	39	30	0	30	0	40

**GENERAL BED DISTRIBUTION REPORT**

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FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

FORM APPROVED  
BUREAU OF BUDGET NO. 68-R299  
EXPIRATION DATE SEPT. 30, 1948

1. PAGE 5 OF 12  
2. DATE 15 May 1949  
3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (6)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 6) (14)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	CR. STATE POOL (Col. 9 minus Col. 10) (11)			
B-5	855,400	3849	3308	541	0	779	4628	1320	298	101
I-5	74,500	335	298	197	101	37	0	25	233	25
I-6	51,800	233	207	208	25	0	45	190	190	54
I-7	36,200	163	145	136	27	9	18	0	173	89
I-8	43,300	195	173	84	111	89	22	0	212	56
I-9	47,600	214	190	156	58	34	24	22	156	106
I-10	32,600	147	130	50	97	80	17	26	0	176
I-11	44,000	198	176	61	137	115	22	0	187	10
I-12	46,800	211	187	177	34	10	24	0	10	70
B-51	24,100	108	80	60	48	0	48	10	70	10
B-52	33,300	150	83	66	84	17	67	17	100	34
B-53	24,800	112	62	38	74	24	50	0	62	24
B-54	8,500	38	21	12	26	9	17	0	21	9
B-55	16,300	73	48	37	20	0	20	0	12	65
B-56	10,600	48	41	53	20	7	21	0	27	7
B-57	25,500	115	64	46	69	18	51	18	82	36
B-58	6,400	29	16	15	14	1	13	0	16	1
B-59	20,600	93	52	69	24	0	24	0	85	16
B-60	19,900	90	50	56	34	0	56	0	92	0
B-61	33,300	150	83	93	58	0	0	0	10	10
B-62	24,800	112	62	111	1				121	

GENERAL BED DISTRIBUTION REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 6 OF 13

2. DATE 15 May 1949

3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (Col. 6)	DETERMINATION OF POOL BEDS		BEDS ALLOCATED TO AREA FROM STATE POOL (Col. 12)	TOTAL BEDS NEEDED (Col. 13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL BEDS (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 9 minus Col. 8) (10)			
Region VI									
B-6	75,900	342	327	15	15	0	143	485	158
I-13	63,800	287	255	67	220	32	0	255	188
I-14	88,597	399	354	266	133	88	45	354	88
I-15	51,800	233	207	92	141	115	26	0	207
I-16	43,300	195	173	76	119	97	22	0	173
I-17	49,700	224	199	84	140	115	25	1	200
I-18	36,900	166	148	183	0	0	0	0	0
I-19	33,300	150	133	139	11	0	11	0	139
R-63	36,800	165	92	86	79	6	73	4	96
R-64	30,500	137	76	12	125	64	61	0	76
R-65	22,700	102	57	27	75	30	45	0	57
R-66	21,300	96	53	45	51	8	43	0	53
R-67	10,600	48	27	11	37	16	21	0	27
R-68	23,400	105	59	24	81	35	46	0	59
R-69	22,000	99	55	50	49	5	44	5	60
R-70	18,400	83	46	50	33	0	33	0	50
R-71	24,100	108	60	33	75	27	48	0	60
R-72	23,400	105	59	46	46	0	46	25	84
R-73	10,600	48	27	20	28	7	21	0	27
R-74	9,200	41	23	0	41	18	23	0	23

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

## GENERAL BED DISTRIBUTION REPORT

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FORM APPROVED  
BUREAU OF BUDGET NO. 68-R299  
EXPIRATION DATE SEPT. 30, 1948

1. PAGE 7 OF 13  
2. DATE 15 May 149  
3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (Col. 12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8)
		STATE RATIO (6)	AREA RATIO (7)	TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	CH. STATE POOL (Col. 9 minus Col. 10) (11)			
<b>El Paso</b>									
B-7	166,600	750	749	1	0	155	905	156	
R-75	10,185	46	25	29	8	21	0	25	8
R-76	12,000	54	30	40	0	14	8	48	8
R-77	19,100	48	25	61	23	38	0	48	23
<b>Region VII</b>									
B-7	166,600	750	750	1	0	155	905	156	
R-75	10,185	46	46	29	8	21	0	25	8
R-76	12,000	54	54	14	0	14	8	48	8
R-77	19,100	48	48	61	23	38	0	48	23

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

GENERAL BED DISTRIBUTION REPORT

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FORM APPROVED  
BUREAU OF BUDGET NO. 66-R299  
EXPIRATION DATE SEPT. 30, 1948

1. PAGE 8 OF 13  
2. DATE 15 May 1949  
3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON STATE RATIO (6)	EXISTING ACCEPTABLE BEDS (8)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)
				TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	CH. STATE POOL (Col. 9 minus Col. 10) (11)			
<b>San Angelo</b>									
B-8	73,000	329	246	83	0	179	508	262	0
I-20	30,500	137	122	148	0	0	148	0	0
R-78	1,400	6	4	16	0	0	16	0	0
R-79	7,100	32	18	20	12	0	20	0	0
R-80	12,100	54	30	38	16	0	48	10	0
R-81	5,000	23	13	35	0	0	35	0	0
R-82	18,400	83	46	147	0	0	147	0	0
R-83	24,750	111	62	95	16	0	95	0	0
R-84	2,800	13	7	18	0	0	18	0	0
R-85	19,200	86	48	31	55	17	38	0	48
R-86	10,600	48	27	35	13	0	35	0	0
R-87	2,100	9	5	17	0	0	17	0	5
R-88	3,600	16	9	11	5	0	16	0	0
R-89	2,100	9	5	10	0	0	10	0	0
R-90	5,000	23	13	12	11	0	7	20	8
R-91	13,500	61	34	77	14	0	77	0	0
R-92	2,100	9	5	10	0	0	14	0	0
R-93	4,300	19	11	10	9	1	11	1	0
R-94	2,800	13	7	12	1	0	12	0	0

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

## GENERAL BED DISTRIBUTION REPORT

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FORM APPROVED  
BUREAU OF BUDGET NO. 68-R299  
EXPIRATION DATE SEPT. 30, 1948

1. PAGE 9 OF 13  
2. DATE 15 May 49  
3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (8)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (12)	TOTAL BEDS NEEDED (13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8)	WITHIN AREA (Col. 7 minus Col. 8)	CR. STATE POOL (Col. 9 minus Col. 10)			
<b>Con-Tex Region IX</b>										
B-9	155,033	698	568	130	0	13	10	0	232	-362
B-95	5,000	23	13	23	0	18	6	0	13	13
R-96	9,200	41	23	17	24	6	0	0	23	6
R-97	37,600	169	94	101	68	0	68	39	140	39
R-98	21,300	96	53	28	68	25	43	0	53	25
R-99	11,300	51	28	16	35	12	23	0	28	12
R-100	14,900	67	37	0	67	37	30	0	37	37
B-101	15,600	70	39	29	41	10	31	0	39	10
R-102	19,200	86	48	63	23	0	23	0	63	0
R-103	25,500	115	64	68	47	0	47	21	89	21

GENERAL BED DISTRIBUTION REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 10 of 13  
 2. DATE 15 May 1949  
 3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (Col. 6)	DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (Col. 12)	TOTAL BEDS NEEDED (Col. 13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8)
		STATE RATIO (6)	AREA RATIO (7)		TOTAL (Col. 6 minus Col. 8) (8)	WITHIN AREA (Col. 7 minus Col. 8) (9)	CH. STATE POOL (Col. 9 minus Col. 10) (11)			
<b>Houston Region X</b>										
B-10	784,400	3530	3810	0	0	0	0	1029	4839	1029
I-21	36,200	163	145	164	0	0	0	0	164	0
I-22	48,900	220	196	145	75	51	24	0	196	51
I-23	234,000	1055	936	682	371	254	117	0	936	254
I-24	34,100	153	136	157	0	0	0	0	157	0
R-104	10,600	48	27	14R	34	13	21	0	27	13
B-105	16,300	73	41	15	53	26	32	12	53	38
R-106	9,900	45	25	23	22	2	20	6	31	8
B-107	17,700	80	44	74	6	0	6	0	74	0
R-108	11,400	51	29	25	26	4	22	0	29	4
R-109	9,200	41	23	15	26	8	18	0	23	8
R-110	17,700	80	44	32	48	12	36	0	44	12
R-111	17,000	77	43	0	77	43	34	7	50	50
R-112	16,300	73	41	30	45	11	32	0	41	11
R-113	27,700	125	69	50	75	19	56	6	75	25
R-114	23,400	105	59	99	6	0	6	35	134	35
R-115	22,000	99	55	57	42	0	42	23	80	23
R-116	10,600	48	27	0	48	27	21	0	27	27
R-117	15,600	70	39	20	50	19	31	0	39	19
R-118	16,300	73	41	33	40	8	32	0	41	8
R-119	31,900	144	80	103	41	0	41	0	103	0
R-120	49,700	224	124	132	92	32	100	0	124	32
R-121	12,100	54	30	28	26	2	24	0	30	2
R-122	24,100	108	60	90	18	0	18	0	90	0

FEDERAL SECURITY AGENCY  
 PUBLIC HEALTH SERVICE  
 WASHINGTON 25, D. C.

## GENERAL BED DISTRIBUTION REPORT

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FORM APPROVED  
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1. PAGE 11 OF 13  
 2. DATE 16 May 49  
 3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS (Col. 6)		DETERMINATION OF POOL BEDS			BEDS ALLOCATED TO AREA FROM STATE POOL (Col. 12)	TOTAL BEDS NEEDED (Col. 13)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8)
		STATE RATIO (6)	AREA RATIO (7)	TOTAL (Col. 6 minus Col. 8) (9)	WITHIN AREA (Col. 7 minus Col. 8) (10)	CH. STATE POOL (Col. 9 minus Col. 10) (11)					
San Antonio Region XI											
B-11	398,000	1791	1176	615	0	45	290	2081	905	25	25
R-123	24,800	112	62	67	0	0	0	92	55	0	0
R-124	10,600	48	27	55	0	0	0	47	47	0	0
R-125	13,400	60	34	47	13	0	13	0	32	32	12
R-126	12,800	58	32	20	38	12	26	0	39	39	3
R-127	15,600	70	39	36	34	3	31	0	44	44	20
R-128	17,700	80	44	24	56	20	36	0	59	59	39
R-129	23,400	105	59	20	85	39	46	0	53	53	18
R-130	21,300	96	53	35	61	18	43	0	100	100	20
R-131	22,700	102	57	80	22	0	22	0	30	30	0
R-132	11,400	51	29	30	21	0	21	0	27	27	0
R-133	9,200	41	23	27	14	0	14	0	46	46	31
R-134	8,500	38	21	27	11	0	11	0	36	36	24
R-135	18,400	83	46	15	68	31	37	0	41	41	6
R-136	14,200	64	36	12	52	24	28	0	10	10	0
R-137	16,300	73	41	35	38	6	32	0	27	27	0
R-138	27,735	125	69	70	55	0	55	0	13	13	0
R-139	7,800	35	20	27	8	0	8	0	0	0	0
R-140	6,400	29	16	16	13	0	13	0	0	0	0

GENERAL BED DISTRIBUTION REPORT

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON USE OF THIS FORM

1. PAGE 12 OF 13

2. DATE 15 May 1949

3. STATE Texas

AREA AND REGION (4)	POPULATION (5)	BED ALLOWANCES BASED ON		DETERMINATION OF POOL BEDS		BEDS ALLOCATED TO AREA FROM STATE POOL (Col. 9 minus Col. 10) (11)	BEDS WHICH MAY BE CONSTRUCTED IN AREA (Col. 13 minus Col. 8) (14)	TOTAL BEDS NEEDED (13)
		STATE RATIO (6)	AREA RATIO (7)	EXISTING ACCEPTABLE BEDS (Col. 6 minus Col. 8) (8)	WITHIN AREA (Col. 7 minus Col. 8) (9)			
<b>Corpus Christi</b>								
Region XII								
B-12	153,900	693	350	343	343	86	779	429
I-25	57,400	268	65	193	165	28	0	165
I-26	114,900	517	460	157	360	57	0	303
I-27	88,700	399	355	200	199	155	0	155
R-141	7,800	35	20	12	23	8	15	0
R-142	15,600	70	39	74	0	0	0	74
R-143	7,100	32	18	13	19	5	14	0
R-144	31,900	144	80	64	80	16	64	40
R-145	24,800	112	62	51	61	11	50	19
R-146	8,500	38	21	33	5	0	5	33
R-147	6,400	29	16	20	9	0	9	0
R-148	15,600	70	39	12	58	27	31	0
R-149	24,100	108	60	45	63	15	48	15
R-150	6,400	29	16	22	7	0	7	0
R-151	16,300	73	41	65	8	0	8	25
R-152	12,100	54	30	21	33	9	0	30

HS-7 (MF)

FORM APPROVED  
BUREAU OF BUDGET NO. 68-R299  
EXPIRATION DATE SEPT. 30, 194

GENERAL BED DISTRIBUTION REPORT

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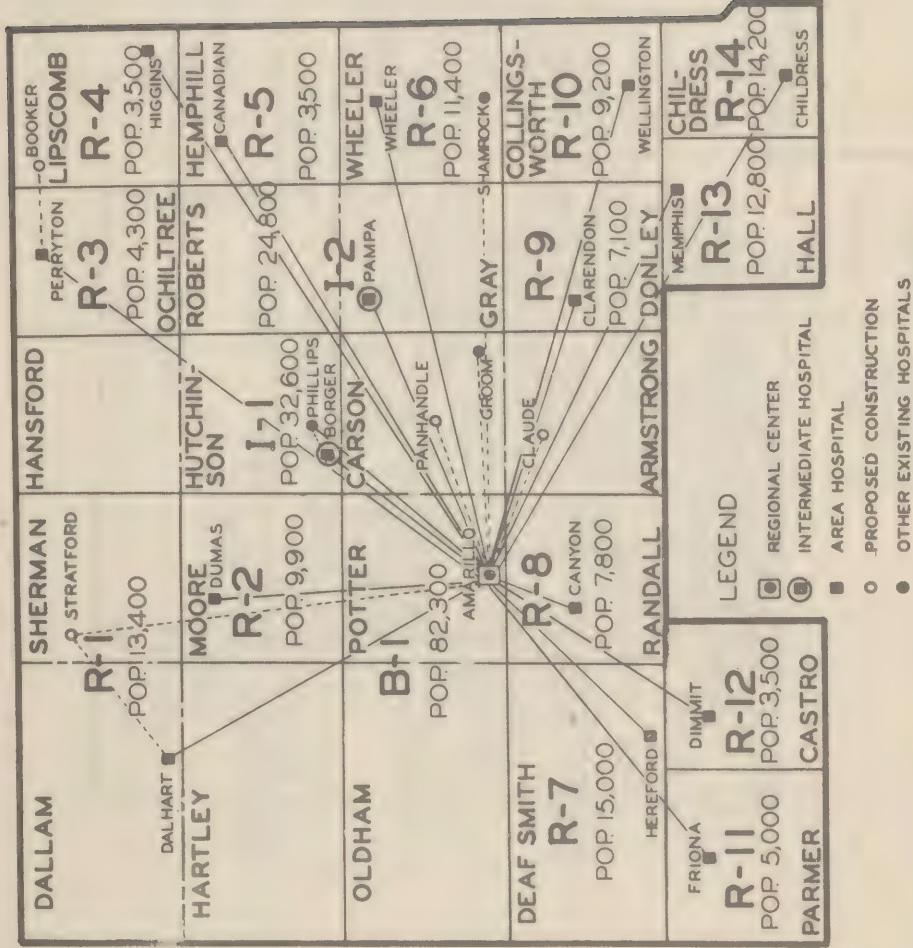
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

GENERAL BED DISTRIBUTION REPORT

B-Replaceable

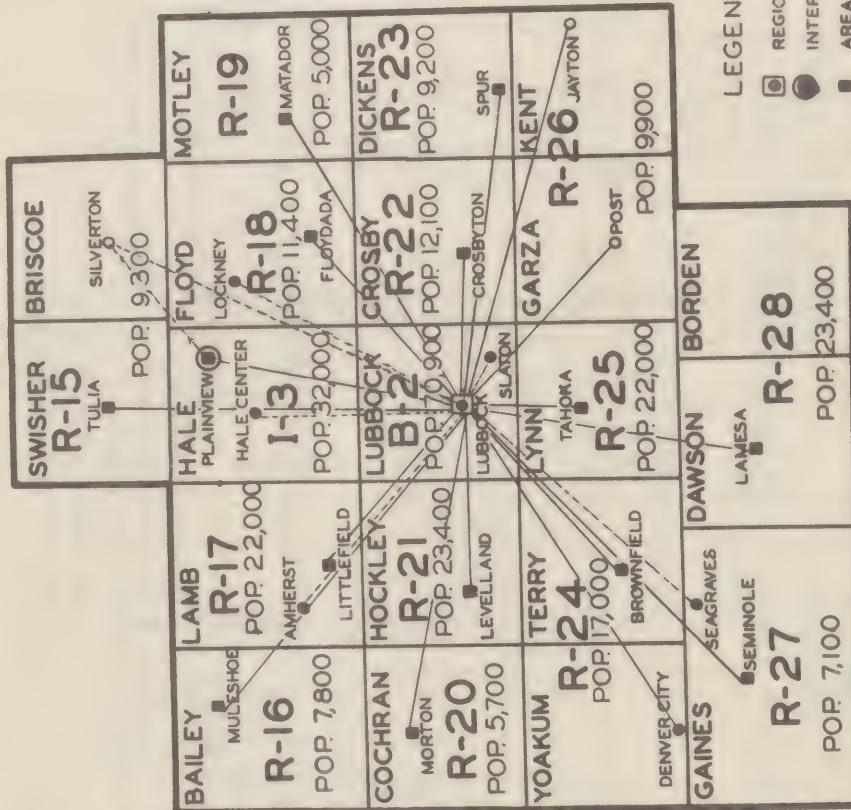
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# TEXAS HOSPITAL SURVEY



# REGION I - AMARILLO

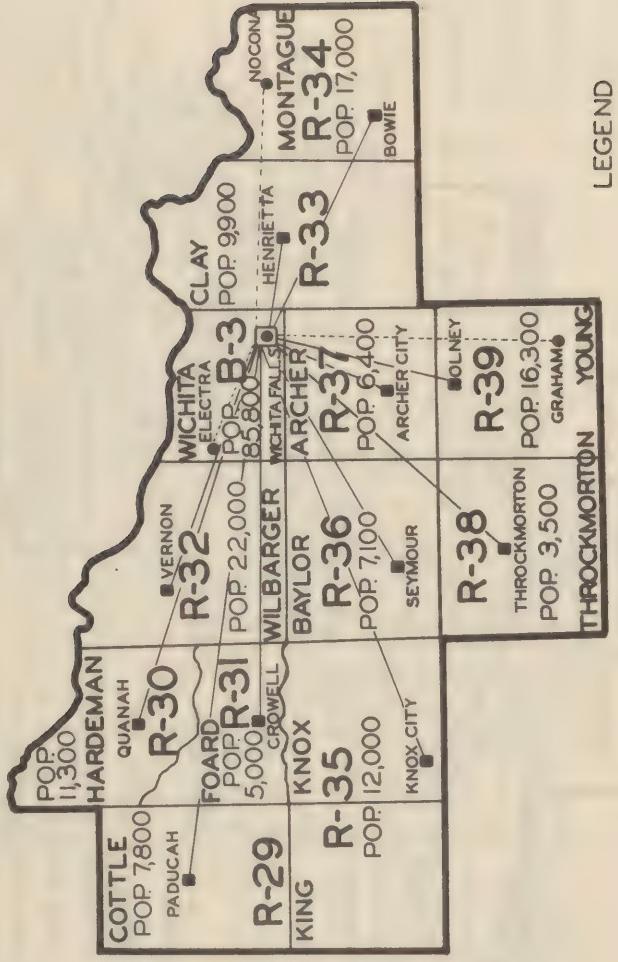
# TEXAS HOSPITAL SURVEY



# REGION 2 - LUBBOCK

# TEXAS HOSPITAL SURVEY

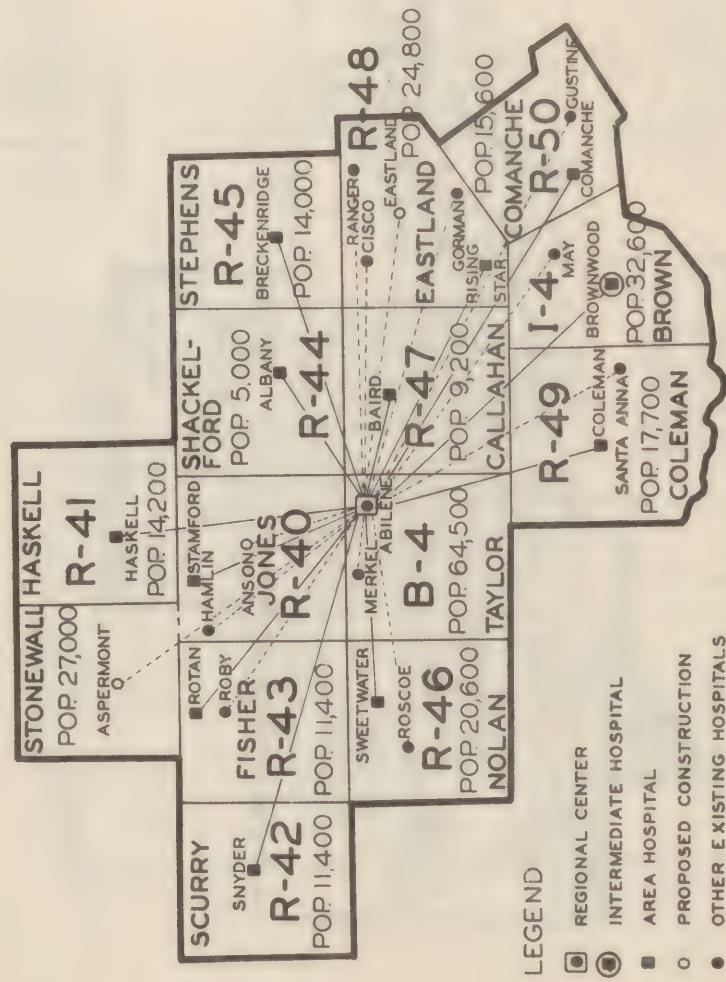
## REGION 3-WICHITA FALLS



### LEGEND

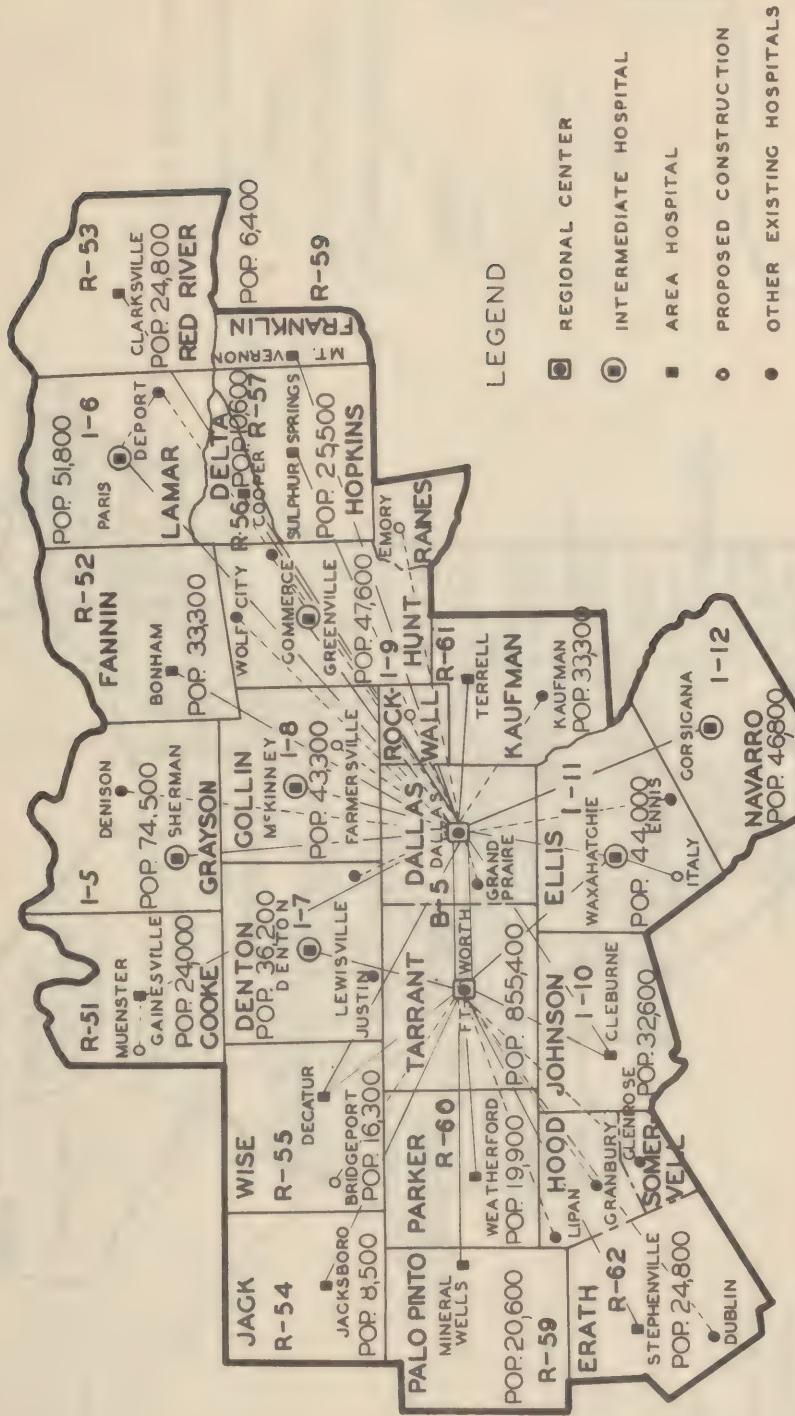
- REGIONAL CENTER
- AREA HOSPITAL
- OTHER EXISTING HOSPITALS

# TEXAS HOSPITAL SURVEY



**REGION 4-ABILENE**

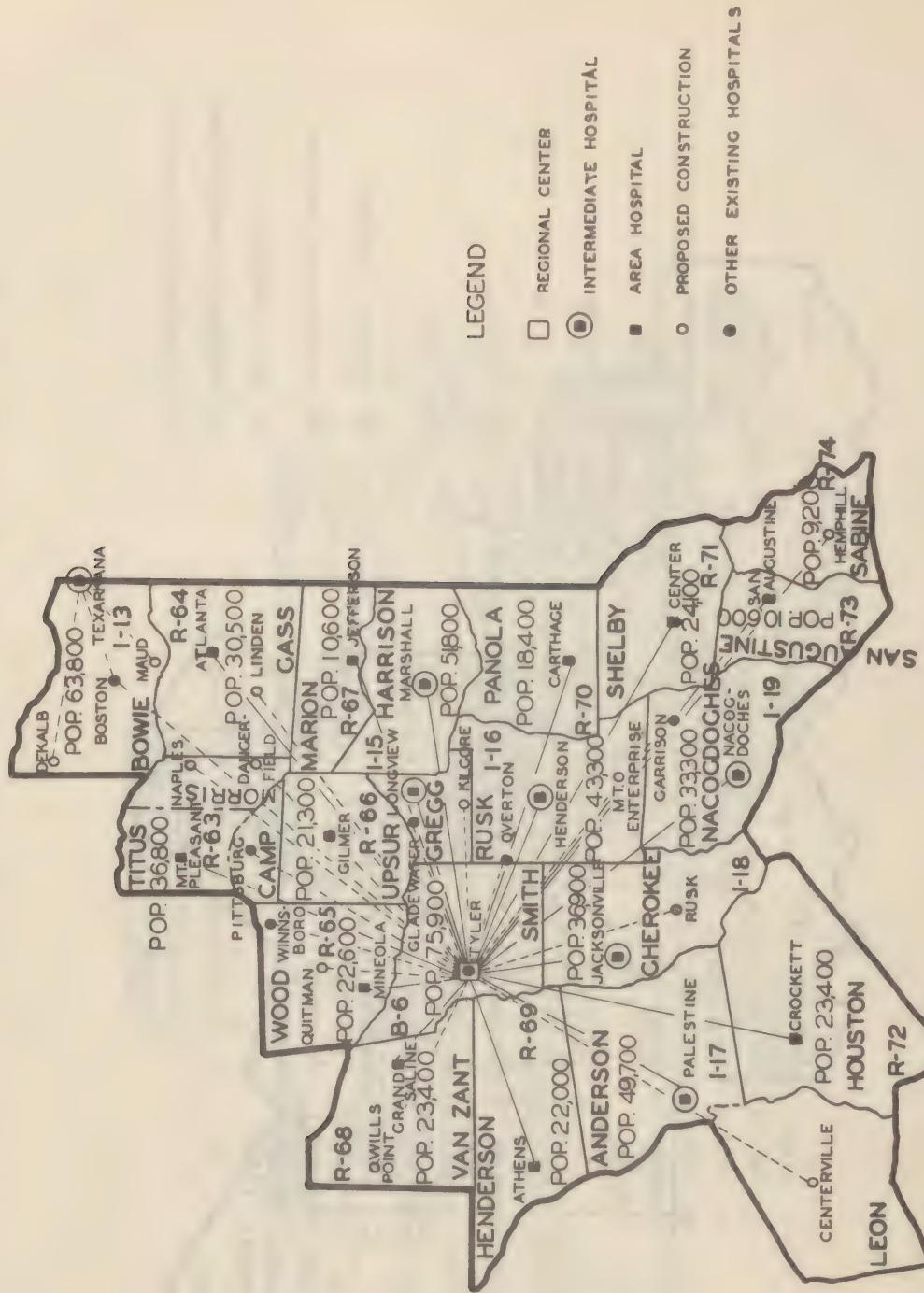
# TEXAS HOSPITAL SURVEY



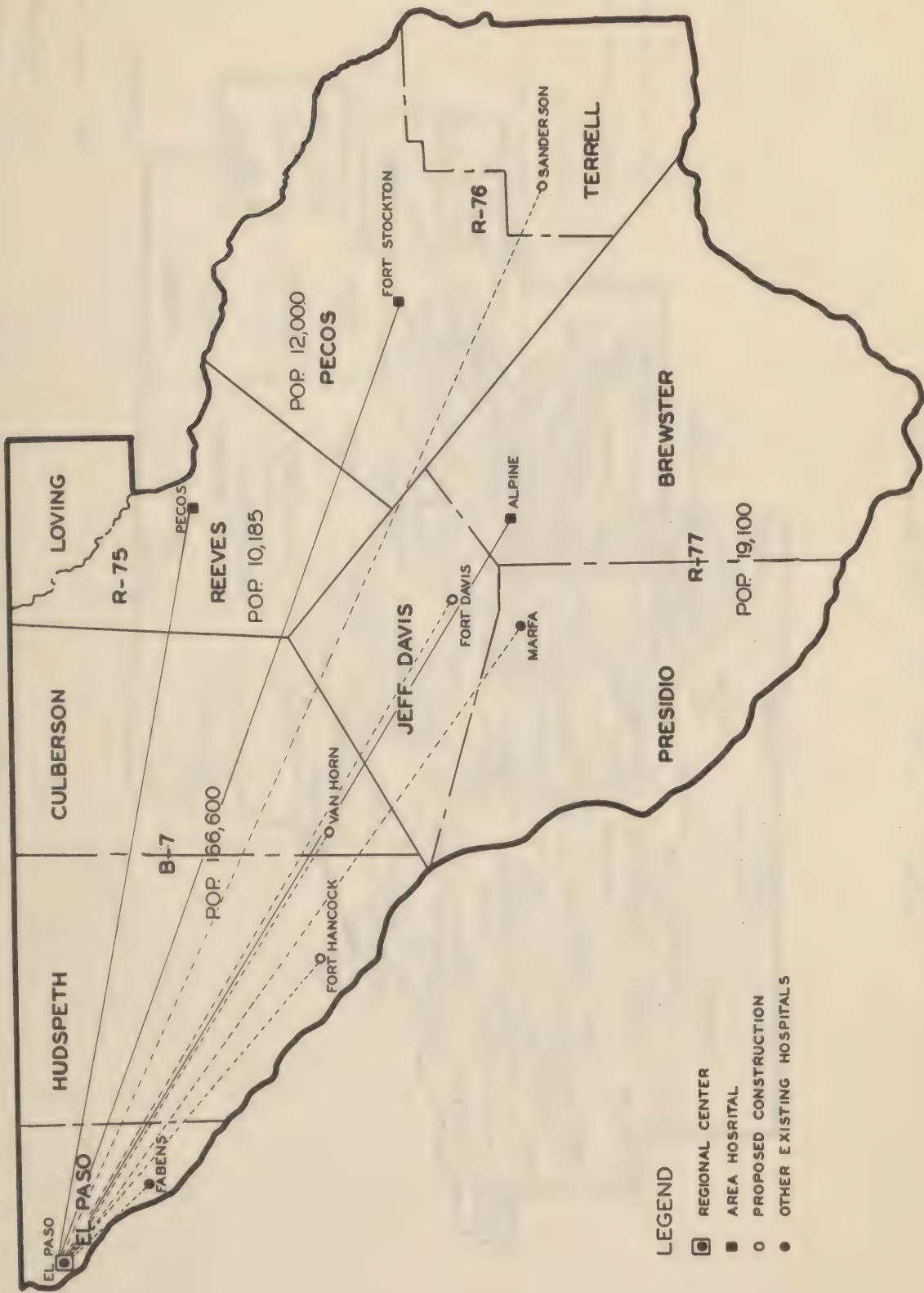
## REGION 5-F.T. WORTH-DALLAS

# TEXAS HOSPITAL SURVEY

## REGION 6 - TYLER

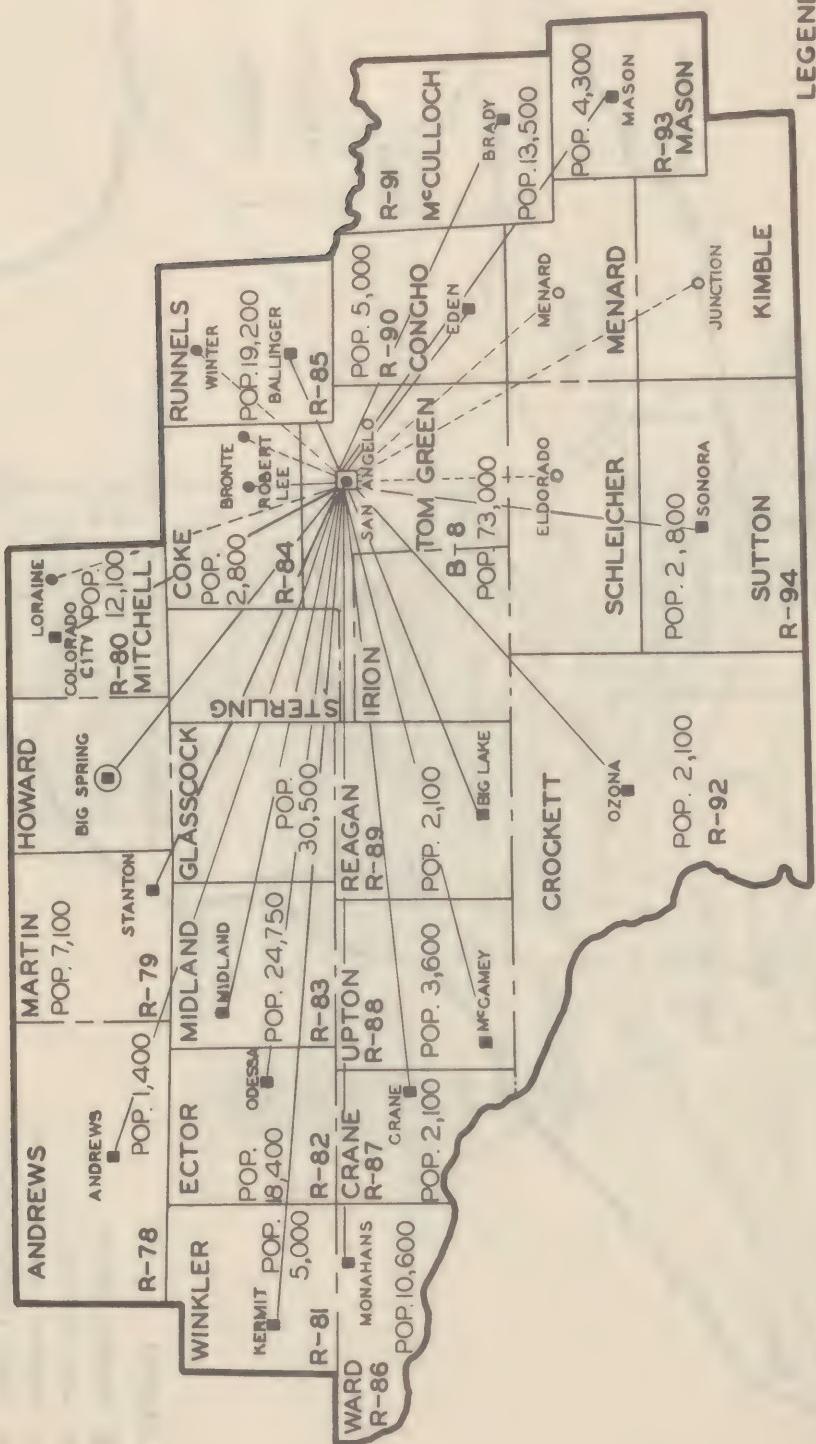


# TEXAS HOSPITAL SURVEY



REGION 7 - EL PASO

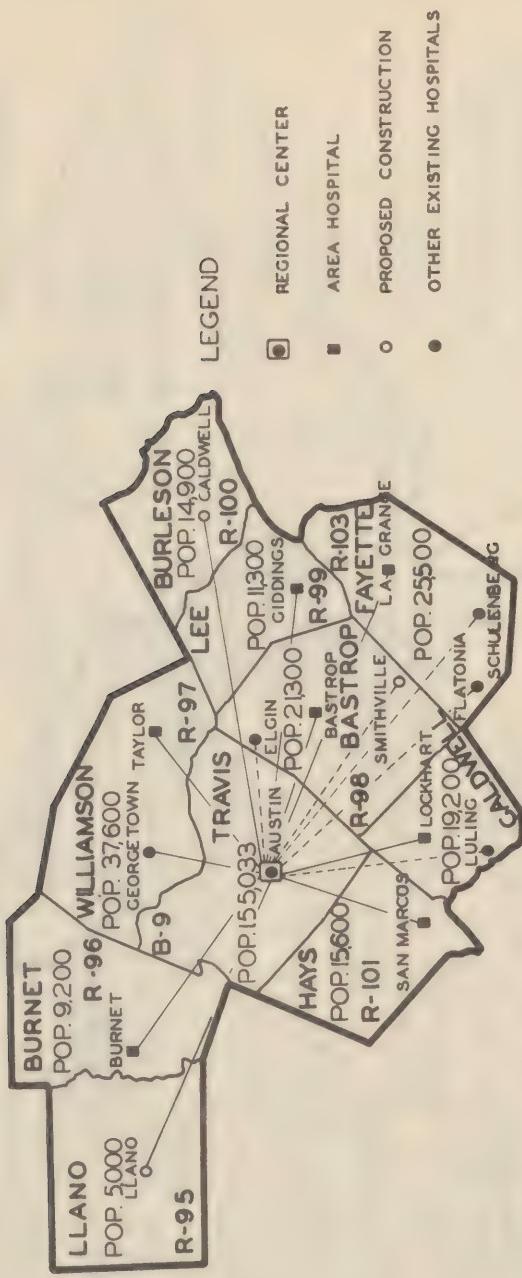
# TEXAS HOSPITAL SURVEY



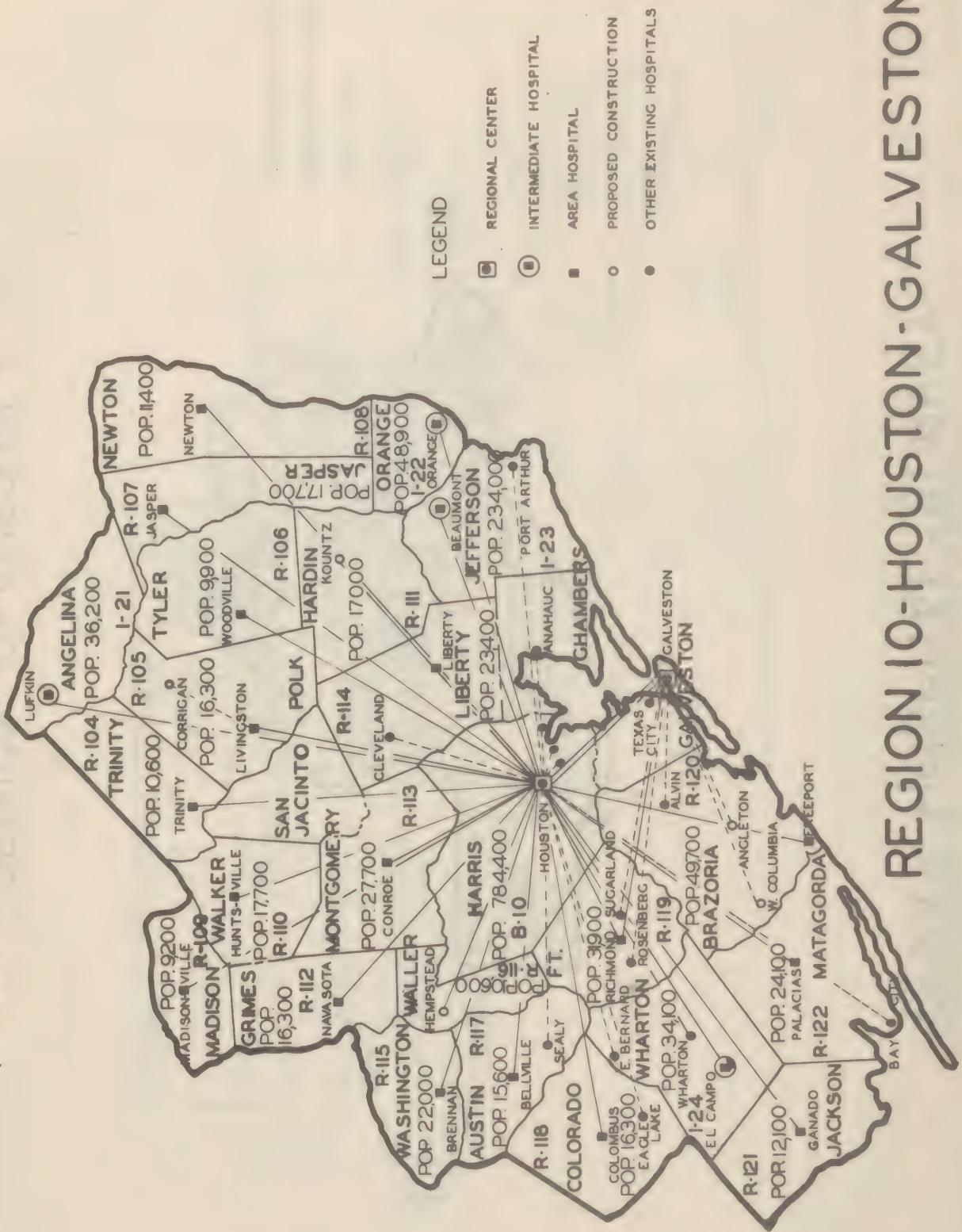
**REGION 8 - SAN ANGELO**

# TEXAS HOSPITAL SURVEY

## REGION 9- AUSTIN

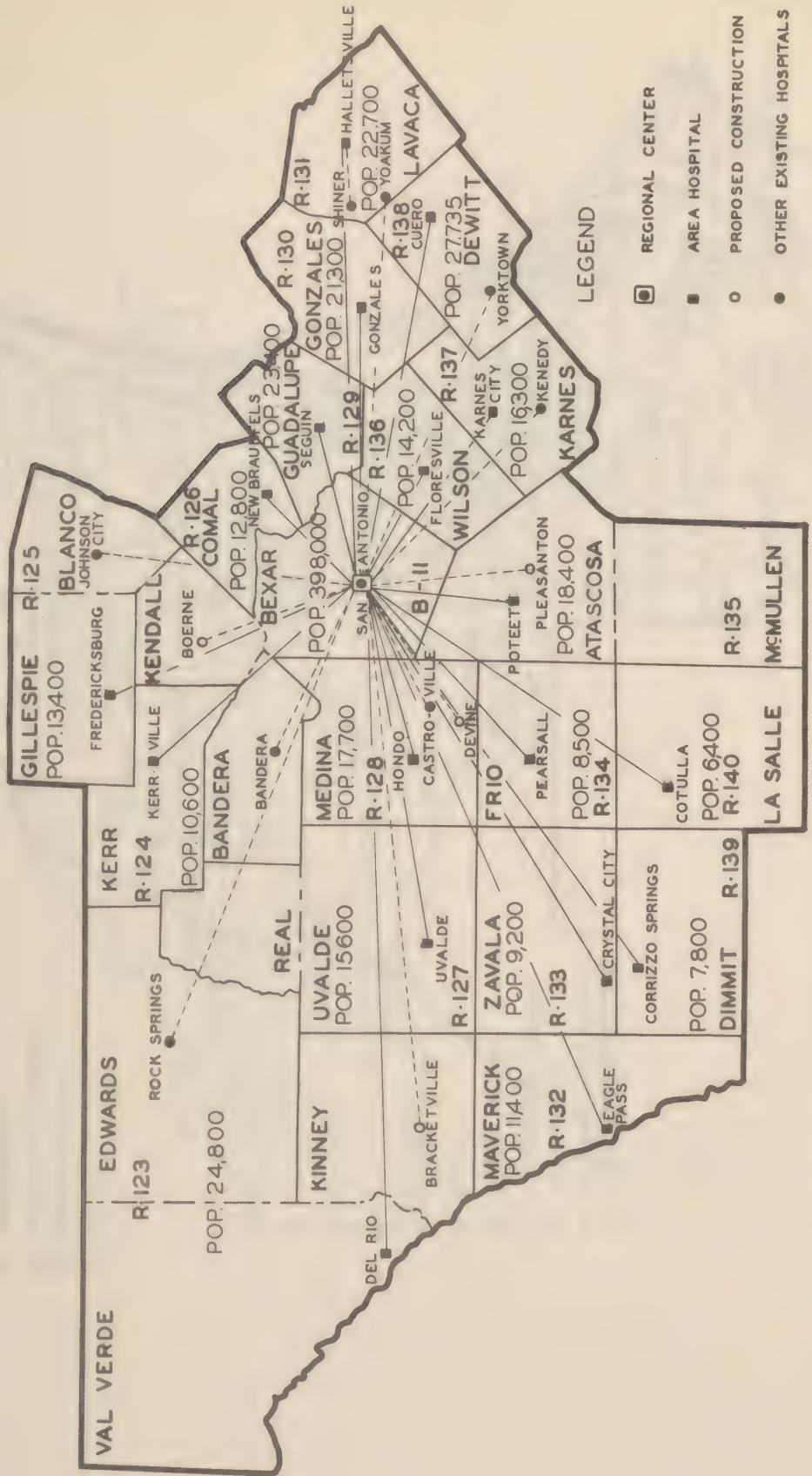


# TEXAS HOSPITAL SURVEY



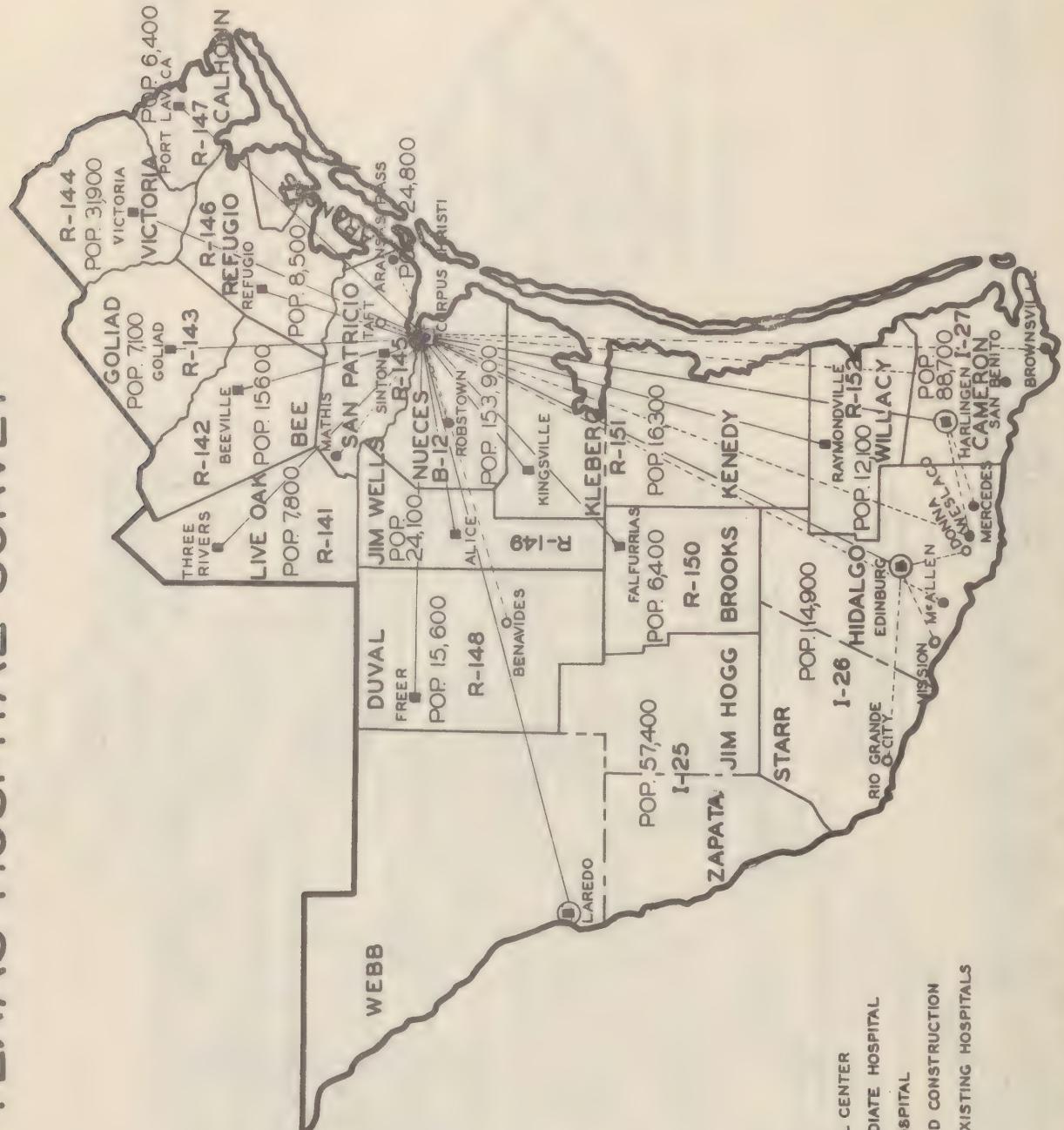
**REGION 10-HOUSTON-GALVESTON**

# TEXAS HOSPITAL SURVEY



## **REGION II - SAN ANTONIO**

# TEXAS HOSPITAL SURVEY



LEGEND

□	REGIONAL CENTER
○	INTERMEDIATE HOSPITAL
■	AREA HOSPITAL
○	PROPOSED CONSTRUCTION
●	OTHER EXISTING HOSPITALS

# REGION 12 - CORPUS CHRISTI

# TEXAS HOSPITAL SURVEY

## REGION 13-WACO-TEMPLE

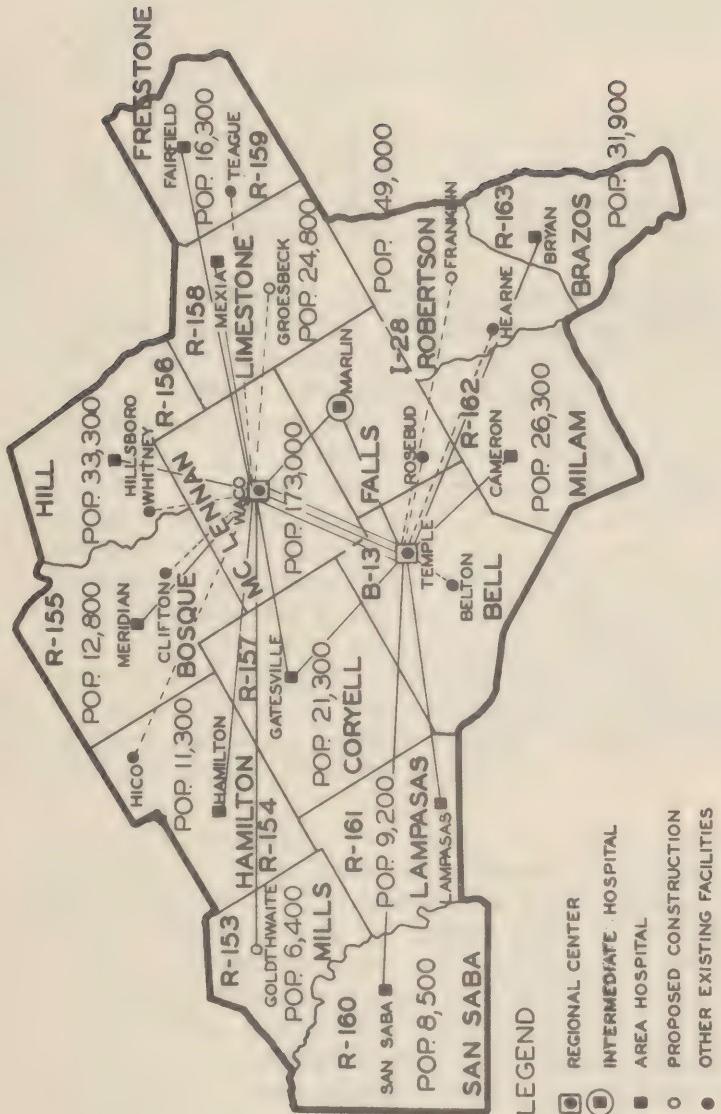




Exhibit "E"

DETERMINATION OF RELATIVE NEEDS

The ratios prescribed in Public Law 725, 79th Congress, and the Regulations relating thereto were used for the determination of the relative needs of the hospital areas of the State.

In considering the over-all State population the figure of 7,153,000, furnished by the Chief, Population Division, Bureau of the Census, was used as the estimated State population for 1948.

For county populations the figures given by "Sales Management," published by Sales Management, 386 Fourth Avenue, New York, appeared to be the most accurate estimates available. The use of this source was concurred in by the U. S. Public Health Service. The total estimated State population exceeded the total county population by 3233. This excess has been arbitrarily added to the population of Travis County and will be utilized as a pool. The only departure from the use of the county population figures as given by "Sales Management" was in the case of a few counties with projects already approved for hospital construction under the State Plan in which a population exceeding the "Sales Management" figure had been established by special investigation and the State Plan so amended.

The relative bed needs for areas with existing facilities have been determined by taking into account the area ratio for the given population, size of area and concentrations of population, percentage of occupancy, extent of area served (not necessarily confined to county boundary), available facilities for racial minorities, racial minority population, and population trends. In areas having no existing facilities, the area ratio, population trends, proximity to existing hospitals, and various factors peculiar to the area have been given consideration.

When two or more counties have been grouped to form one area the normal area ratio may be exceeded to allow for construction of accessory units. The normal ratio has been exceeded also in counties having widely separated centers of population.

Determination of Relative Needs

Special consideration will be given all areas, regardless of priority, where provision for the care of groups of the population which by reason of race, creed or color are less adequately served than other groups of the population.

Beds credited to the State pool, not otherwise utilized, have been assigned to Regions having existing large teaching facilities, or potential teaching facilities based on definite State planning such as the establishment of additional branches of the State Medical School system. The fact that these regional hospitals, in addition to serving their respective regional areas, actually furnish an extensive state-wide service has been taken into consideration.

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

## GENERAL HOSPITALS SUMMARY

FORM APPROVED  
BUREAU OF BUDGET NO. 68-R301  
EXPIRATION DATE SEPT. 30, 1948

**NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON  
USE OF THIS FORM**

**ATTACH TO THIS FORM THE STATEMENT  
CALLED FOR IN THE INSTRUCTIONS.**

1. PAGE 1 OF 13  
2. DATE 15 May '49  
3. STATE Texas  
4. REGION I-Amarillo

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)		EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-1	Amarillo	477	107	584	4
	Groom	8	0	8	1
	Panhandle	0	8	8	0
	Claude	0	8	8	0
I-1	Borger	80	29	109	1
	Phillips	21	0	21	1
I-2	Pampa	99	0	99	1
R-1	Dalhart	40	0	40	1
	Stratford	0	8	8	0
R-2	Dumas	28	0	28	1
R-3	Perryton	53	0	53	2
R-4	Higgins	16	0	16	1
	Booker	0	10	10	0
R-5	Canadian	16	0	16	1
R-6	Shamrock	39	0	39	2
	Wheeler	24	0	24	1
R-7	Hereford	38	0	38	1
R-8	Canyon	20	0	20	1
R-9	Clarendon	22	0	22	1
R-10	Wellington	21	9	30	1
R-11	Friona	20 <sup>R</sup>	0	20	1
R-12	Dimmit	26 <sup>R</sup>	0	26	1
R-13	Memphis	46	0	46	3
R-14	Childress	47	0	47	1
TOTAL		1141	179	1320	27

**NOTE:** -\*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.FORM APPROVED  
BUREAU OF BUDGET NO. 68-R301  
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## GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON  
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1. PAGE 2 OF 13  
 2. DATE 15 May '49  
 3. STATE Texas  
 4. REGION II-Lubbock

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)		EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-3	Lubbock	265	185	450	5
	Slaton	50	0	50	1
I-3	Silverton	0	10	10	0
	Plainview	62	30	92	1
	Hale Center	27	0	27	1
R-15	Tulia	26	0	26	1
R-16	Muleshoe	21	0	21	1
R-17	Amherst	85	0	85	1
	Littlefield	66	0	66	3
R-18	Floydada	10	5	15	1
	Lockney	14	0	14	1
R-19	Matador	24	0	24	2
R-20	Morton	23	0	23	1
R-21	Levelland	34	31	65	2
R-22	Crosbyton	34	0	34	1
R-23	Spur	20	10	30	1
R-24	Denver City	14	0	14	1
	Brownfield	22	14	36	1
R-25	Tahoka	18	37	55	1
R-26	Post	0	17	17	0
	Jayton	0	8	8	0
R-27	Seminole	48	0	48	2
	Seagraves	13	0	13	1
R-28	Lamesa	51	14	65	2
<hr/>					
		TOTAL	926	361	1287
					31

NOTE: -\*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

## GENERAL HOSPITALS SUMMARY

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.FORM APPROVED  
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EXPIRATION DATE SEPT. 30, 1948NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON  
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1. PAGE 3 OF 13  
 2. DATE 15 May '49  
 3. STATE Texas  
 4. REGION III-Wichita Falls

	AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-3	Electra	20	0	20	1
	Wichita Falls	361	219	580	3
R-29	Paducah	20	0	20	1
R-30	Quanah	63	0	63	1
R-31	Crowell	16	0	16	1
R-32	Vernon	73	0	73	3
R-33	Henrietta	20	5	25	1
R-34	Bowie	26	12	38	1
	Nocona	12	0	12	1
R-35	Knox City	40	0	40	1
R-36	Seymour	49	0	49	1
R-37	Archer City	15	1	16	1
R-38	Throckmorton	12	0	12	1
R-39	Graham	23	7	30	1
	Olney	30	0	30	1
<hr/>					
	TOTAL	780	244	1024	19

NOTE: -\*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

## GENERAL HOSPITALS SUMMARY

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.FORM APPROVED  
BUREAU OF BUDGET NO. 69-R301  
EXPIRATION DATE SEPT. 30, 1948NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON  
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1. PAGE 4 OF 13  
 2. DATE 15 May '49  
 3. STATE Texas  
 4. REGION IV-Abilene

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
R-4 Abilene	230	161	391	2
Merkel	20	0	20	1
I-4 Brownwood	118	20	138	2
May	9	0	9	1
R-40 Aspermont	0	10	10	0
Stamford	58	0	58	1
Hamlin	13	0	13	1
Anson	0	29	29	0
R-41 Haskell	20	16	36	1
R-42 Snyder	25	4	29	1
R-43 Rotan	55	0	55	1
Roby	20	0	20	1
R-44 Albany	16	0	16	1
R-45 Breckenridge	17	18	35	1
R-46 Roscoe	25	0	25	1
Sweetwater	45	15	60	1
R-47 Baird	23	10	33	1
R-48 Eastland	0	30	30	0
Ciscoe	22	0	22	1
Gorman	50	0	50	1
Ranger	60	0	60	2
Rising Star	28	0	28	1
R-49 Coleman	31	0	31	1
Santa Anna	15	0	15	1
R-50 Comanche	28	0	28	1
Gustine	12	0	12	1
<hr/>				
TOTAL	940	313	1253	26

NOTE: - If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.FORM APPROVED  
BUREAU OF BUDGET NO. 68-R301  
EXPIRATION DATE SEPT. 30, 1948

## GENERAL HOSPITALS SUMMARY

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON  
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1. PAGE 5 OF 13  
 2. DATE 15 May 149  
 3. STATE Texas  
 4. REGION V-Ft. Worth  
Dallas

	AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-5	Fort Worth	1188	500	1688	12
	Dallas	2111	812	2923	14
	Grand Prairie	9	0	9	1
	Rockwall	0	8	8	0
I-5	Denison	50	50	100	1
	Sherman	147	51	198	2
I-6	Deport	10	0	10	1
	Paris	198	25	223	3
I-7	Denton	111	54	165	3
	Lewisville	15	0	15	1
	Justin	10	0	10	1
I-8	McKinney	84	73	157	1
	Farmersville	0	16	16	0
I-9	Commerce	21	0	21	2
	Greenville	107	44	151	3
	Wolf City	28	0	28	1
	Emory	0	12	12	0
I-10	Cleburne	50	106	156	1
I-11	Ennis	25	30	55	1
	Waxahachie	36	75	111	1
	Italy	0	10	10	0
I-12	Corsicana	177	10	187	4
R-51	Gainesville	60	0	60	2
	Muenster	0	10	10	0
R-52	Bonham	66	34	100	2
R-53	Clarksville	38	24	62	1
R-54	Jacksboro	12	9	21	1
R-55	Decatur	43	12	55	2
	Bridgeport	10	0	10	1
R-56	Cooper	20	7	27	2
R-57	Sulphur Springs	46	36	82	2
R-58	Mt. Vernon	15	1	16	1
R-59	Mineral Wells	69	16	85	3
R-60	Weatherford	56	0	56	2
R-61	Kaufman	13	0	13	1
	Terrell	79	0	79	4
R-62	Dublin	15	0	15	1
	Stephenville	55	10	65	1
	Grandbury	20	0	20	1
	Lipan	12	0	12	1
	Glenrose	9	0	9	1
<hr/>					
	TOTAL	5015	2035	7050	82

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## GENERAL HOSPITALS SUMMARY

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.FORM APPROVED  
BUREAU OF BUDGET NO. 68-R301  
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1. PAGE 6 OF 13  
 2. DATE 15 May 1949  
 3. STATE Texas  
 4. REGION VI-Tyler

	AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-6	Tyler	327	158	485	5
I-13	Texarkana	56	162	218	1
	New Boston	11	0	11	1
	DeKalb	0	16	16	0
	Maud	0	10	10	0
I-14	Gladewater	60	0	60	2
	Kilgore	50	38	88	1
	Longview	156	50	206	4
I-15	Marshall	92	115	207	1
I-16	Henderson	54	77	131	1
	Overton	22	0	22	1
	Mt. Enterprise	0	20	20	0
I-17	Palestine	84	96	180	2
	Centerville	0	20	20	0
I-18	Jacksonville	152	0	152	2
	Rusk	31	0	31	1
I-19	Garrison	17	0	17	1
	Nacogdoches	122	0	122	1
R-63	Daingerfield	0	10	10	0
	Naples	25	0	25	1
	Mt. Pleasant	35	0	35	2
	Pittsburg	26	0	26	1
R-64	Atlanta	12	52	64	1
	Linden	0	12	12	0
R-65	Mineola	15	0	15	1
	Winnsboro	12	15	27	1
	Quitman	0	15	15	0
R-66	Gilmer	45	8	53	2
R-67	Jefferson	11	16	27	1
R-68	Grand Saline	14	35	49	1
	Wills Point	10	0	10	1
R-69	Athens	50	10	60	2
R-70	Carthage	50	0	50	1
R-71	Center	33	27	60	2
R-72	Crockett	59	25	84	3
R-73	San Augustine	20	7	27	1
R-74	Hemphill	0	23	23	0
<hr/>					
	TOTAL	1651	1017	2668	45

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WASHINGTON 25, D. C.

## GENERAL HOSPITALS SUMMARY

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1. PAGE 7 OF 13  
2. DATE 15 May '49  
3. STATE Texas  
4. REGION VII-El Paso

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)		EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-7	El Paso	729	138	867	4
	Fabens	20	0	20	1
	Fort Hancock	0	10	10	0
	Van Horn	0	8	8	0
R-75	Pecos	17	8	25	1
R-76	Fort Stockton	40	0	40	2
	Sanderson	0	8	8	0
R-77	Fort Davis	0	8	8	0
	Marfa	12	8	20	1
	Alpine	13	7	20	1
TOTAL		831	195	1026	10

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1. PAGE 8 OF 13  
2. DATE 15 May '49  
3. STATE Texas  
4. REGION VIII-San  
Angelo

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)		EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-8	San Angelo	246	230	476	3
	Eldorado	0	10	10	0
	Menard	0	10	10	0
	Junction	0	12	12	0
I-20	Big Spring	148	0	148	4
R-78	Andrews	16	0	16	1
R-79	Stanton	20	0	20	1
R-80	Colorado City	28	10	38	1
	Lorraine	10	0	10	1
R-81	Kermit	35	0	35	1
R-82	Odessa	147	0	147	3
R-83	Midland	95	0	95	2
R-84	Bronte	8	0	8	1
	Robert Lee	10	0	10	1
R-85	Ballinger	15	17	32	1
	Winters	16	0	16	1
R-86	Monahans	35	0	35	2
R-87	Crane	17	0	17	1
R-88	McCamey	11	5	16	1
R-89	Big Lake	10	0	10	1
R-90	Eden	12	8	20	1
R-91	Brady	77	0	77	2
R-92	Ozona	14	0	14	1
R-93	Mason	10	1	11	1
R-94	Sonora	12	0	12	1
TOTAL		992	303	1295	32

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## GENERAL HOSPITALS SUMMARY

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.FORM APPROVED  
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2. DATE 15 May 49  
3. STATE Texas  
4. REGION IX-Cen-Tex

	AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-9	Austin	568	362	930	4
R-95	Llano	0	13	13	0
R-96	Burnet	17	6	23	1
R-97	Georgetown	24	14	38	1
	Taylor	77	25	102	3
R-98	Bastrop	12	10	22	1
	Elgin	16	0	16	1
	Smithville	0	15	15	0
R-99	Giddings	16	12	28	1
R-100	Caldwell	0	37	37	0
R-101	San Marcos	29	10	39	1
R-102	Lockhart	36	0	36	1
	Luling	27	0	27	2
R-103	La Grange	38	21	59	1
	Schulenburg	21	0	21	1
	Flatonia	9	0	9	1
<hr/>					
	TOTAL	890	525	1415	19

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U. S. PUBLIC HEALTH SERVICE  
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## GENERAL HOSPITALS SUMMARY

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1. PAGE 10 OF 13  
 2. DATE 15 May '49  
 3. STATE Texas  
 4. REGION X-Houston

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)		EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-10	Galena Park	18	0	18	1
	Goose Creek	40	0	40	1
	Baytown	119	0	119	2
	Houston	2729	454	3183	18
	Pasadena	64	75	139	2
	Galveston	778	400	1178	2
	Texas City	42	100	142	2
	Anahuac	20	0	20	1
I-21	Lufkin	164	0	164	2
I-22	Orange	145	51	196	3
I-23	Beaumont	527	100	627	7
	Port Arthur	155	154	309	1
I-24	East Bernard	10	0	10	1
	Mt Campo	77	0	77	2
	Wharton	70	0	70	2
R-104	Trinity	14	13	27	1
R-105	Livingston	15 <sup>R</sup>	28	43	1
	Corrigan	0	10	10	0
R-106	Woodville	23	8	31	1
R-107	Jasper	74	0	74	4
R-108	Newton	25	4	29	1
R-109	Madisonville	15	8	23	1
R-110	Huntsville	32	12	44	1
R-111	Kountze	0	50	50	0
R-112	Mavasota	30	11	41	1
R-113	Conroe	50	25	75	1
R-114	Cleveland	21	35	56	1
	Liberty	78	0	78	2
R-115	Brenham	57	23	80	2
R-116	Hempstead	0	27	27	0
R-117	Bellville	10	9	19	1
	Sealy	10	10	20	1
R-118	Columbus	21	0	21	1
	Eagle Lake	12	8	20	1
R-119	Rosenburg	23	0	23	1
	Sugarland	30	0	30	1
	Richmond	50	0	50	1
R-120	Alvin	14	0	14	1
	Freeport	78	0	78	2
	Angleton	0	16	16	0
	West Columbia	0	16	16	0
R-121	Ganado	28	2	30	1
R-122	Palacios	35	0	35	1
	Bay City	55	0	55	1
	TOTAL	5758	1649	7407	77

NOTE: -\*If report requires more than one sheet, enter totals on LAST SHEET ONLY and cut off bottom of other sheets on this line.

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## GENERAL HOSPITALS SUMMARY

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1. PAGE 11 OF 13  
 2. DATE 15 May '49  
 3. STATE Texas  
 4. REGION XI-San Antonio

	AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)	EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-11	San Antonio	1166	883	2049	11
	Boerne	0	12	12	0
	Bandera	10	10	20	1
R-123	Del Rio	59	15	74	3
	Rocksprings	8	0	8	1
	Brackettville	0	10	10	0
R-124	Kerrville	55	0	55	1
R-125	Fredericksburg	37	0	37	2
	Blanco	10	0	10	1
R-126	New Braunfels	20	12	32	1
R-127	Uvalde	36	3	39	1
R-128	Hondo	15	10	25	1
	Castroville	9	0	9	1
	Devine	0	10	10	0
R-129	Seguin	20	39	59	1
R-130	Gonzales	35	18	53	2
R-131	Hallettsville	31	0	31	2
	Shiner	19	0	19	1
	Yoakum	30	20	50	1
R-132	Eagle Pass	30	0	30	1
R-133	Crystal City	27	0	27	1
R-134	Pearsall	27	0	27	2
R-135	Poteet	15	0	15	1
	Pleasanton	0	31	31	0
R-136	Floresville	12	24	36	1
R-137	Kenedy	22	0	22	1
	Karnes City	13	6	19	1
R-138	Cuero	50	10	60	2
	Yorktown	20	0	20	1
R-139	Carrizo Springs	27	0	27	1
R-140	Cotulla	16	0	16	1
<hr/>					
	TOTAL	1819	1113	2932	44

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## GENERAL HOSPITALS SUMMARY

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

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1. PAGE 12 OF 13  
2. DATE 15 May '49  
3. STATE Texas  
4. REGION XII-Corpus  
Christi

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)		EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-12	Corpus Christi	334	409	743	7
	Robstown	16	20	36	1
I-25	Laredo	65	165	230	1
I-26	Rio Grande City	0	30	30	0
	Edinburg	50	65	115	1
	McAllen	47	100	147	1
	Mercedes	20	58	78	1
	Weslaco	40	0	40	2
	Mission	0	30	30	0
	Donna	0	20	20	0
I-27	Brownsville	45	75	120	1
	Harlingen	115	40	155	2
	San Benito	40	40	80	1
R-141	Three Rivers	12	8	20	1
R-142	Beeville	74	0	74	3
R-143	Goliad	13	5	18	1
R-144	Victoria	64	56	120	2
B-145	Aransas Pass	14	0	14	1
	Mathis	14	0	14	1
	Sinton	23	0	23	1
	Taft	0	30	30	0
B-146	Refugio	33	0	33	1
B-147	Port Lavaca	20	0	20	1
R-148	Freer	12	0	12	1
	Benavides	0	27	27	0
B-149	Alice	45	30	75	1
R-150	Falfurias	22	0	22	1
B-151	Kingsville	65	25	90	1
B-152	Raymondville	21	9	30	1
TOTAL		1204	1242	2446	35

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FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

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## GENERAL HOSPITALS SUMMARY

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1. PAGE 13 OF 13
2. DATE 15 May '49
3. STATE Texas
4. REGION XIII-Waco

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED (5)		EXISTING ACCEPTABLE BEDS (6)	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED (7)	TOTAL BEDS NEEDED (8)	NUMBER OF FACILITIES (9)
B-13	Waco	343	187	530	3
	Belton	23	0	23	1
I-28	Temple	333	114	447	2
	Marlin	132	0	132	2
R-153	Rosebud	26	0	26	1
	Hearne	11	7	18	1
R-154	Franklin	0	20	20	0
	Goldthwaite	0	16	16	0
R-155	Hamilton	50	0	50	1
	Hico	10	0	10	1
R-156	Clifton	25	0	25	1
	Meridian	22	0	22	1
R-157	Hillsboro	23	92	115	1
	Whitney	10	0	10	1
R-158	Gatesville	34	19	53	1
	Mexia	35	15	50	2
R-159	Groesbeck	0	20	20	0
	Teague	18	0	18	1
R-160	Fairfield	25	0	25	1
	San Saba	22	0	22	1
R-161	Lampasas	23	16	39	1
	Cameron	88	12	100	2
R-163	Bryan	51	57	108	2

R-Replaceable

TOTAL	1304	575	1879	27
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**DESCRIPTION OF** **Tuberculosis** **FACILITIES**

FORM APPROVED  
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1. PAGE 1 OF 1  
2. DATE 15 May '49  
3. STATE Texas  
4. AREA Statewide

5. POPULATION <b>7,153,000</b>	6. ANNUAL AVERAGE NO. OF T.B. DEATHS IN STATE 1940 - 1944 INCL. <b>3,480</b>	7. TOTAL BEDS ALLOWED BY STATE RATIO <b>8,700</b>
8. TOTAL EXISTING ACCEPTABLE BEDS <b>3,413</b>	9. NET ADDITIONAL BEDS NEEDED (Item 7 minus Item 8) <b>5,287</b>	

**10. ADDITIONAL FACILITIES PROPOSED FOR STATE**

**II. COMMENTS (Attach Additional Sheets if Required)**

The above listed facilities are projects known to be in the planning stage. The State Agency considers it impracticable to designate proposed locations of new construction for tuberculosis hospitals. State-owned hospitals represent the bulk of existing beds and are under the jurisdiction of the State Board of Control. Information as to the planning of that agency for the construction of new facilities is not available.

Priority for Federal aid will be given applicants to whom State funds are not available and will be determined at the time construction of projects is being considered. Special consideration will be given facilities in these categories when they are to be constructed in connection with teaching general hospitals or in areas of high disease prevalence where facilities are inadequate or non-existent.

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DESCRIPTION OF Nervous and Mental FACILITIES  
Tuberculosis, Mental, Chronic Disease

5. POPULATION <b>7,153,000</b>	6. ANNUAL AVERAGE NO. OF T.B. DEATHS IN STATE 1940 - 1944 INCL.	7. TOTAL BEDS ALLOWED BY STATE RATIO <b>35,765</b>
8. TOTAL EXISTING ACCEPTABLE BEDS <b>14,004</b>	9. NET ADDITIONAL BEDS NEEDED (Item 7 minus Item 8) <b>21,761</b>	

**10. ADDITIONAL FACILITIES PROPOSED FOR STATE**

**II. COMMENTS (Attach Additional Sheets if Required)**

The State Agency considers it impracticable to designate locations for provision of additional beds for nervous and mental diseases. State-owned hospitals represent the bulk of existing beds and are under the jurisdiction of the State Board of Control. Information as to the planning of that agency for the construction of new facilities is not available. Teaching hospitals will be encouraged to provide an appropriate number of beds in this category. Special priority consideration will be given such applications.

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FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.

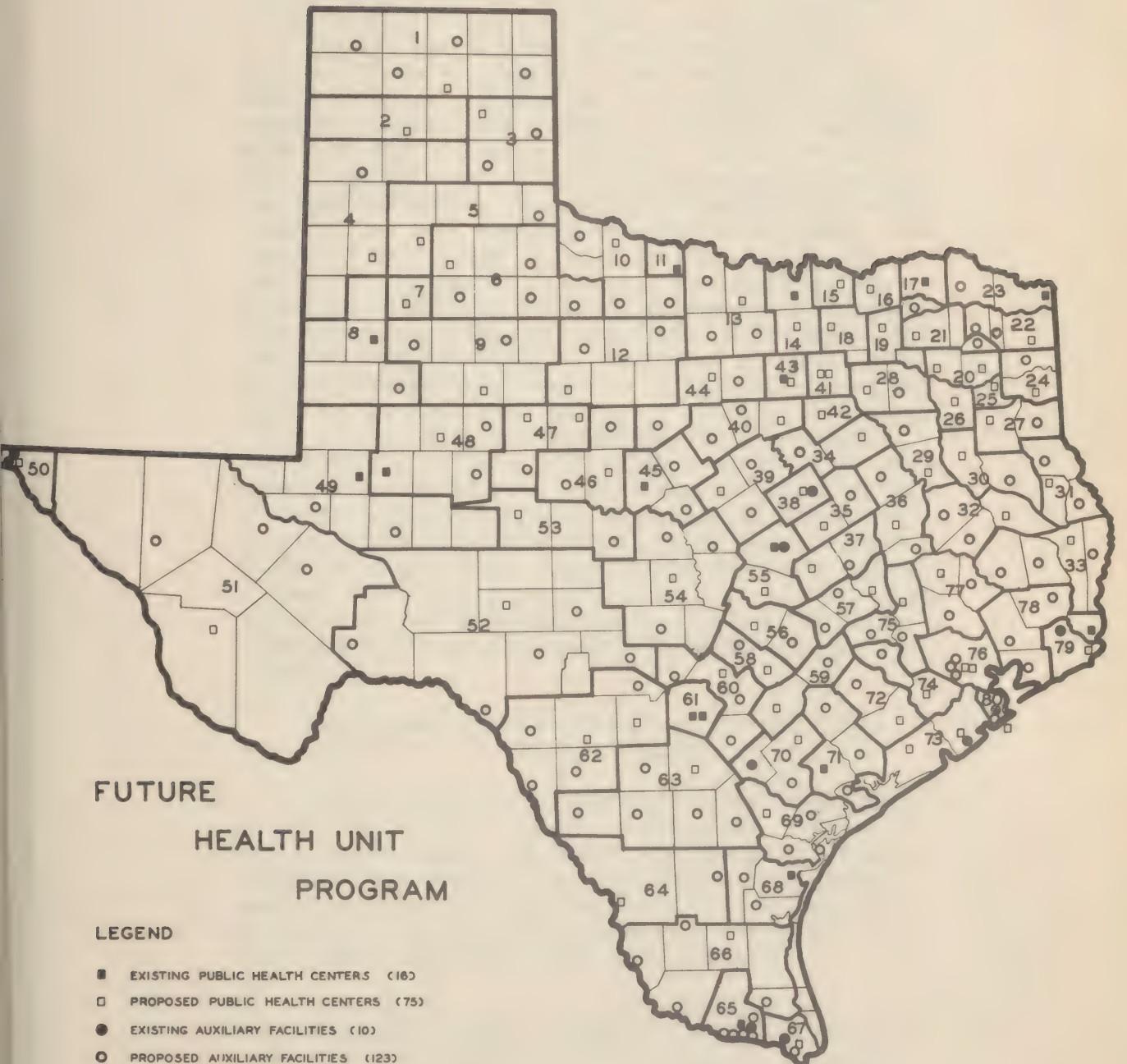
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1. PAGE 1 OF 1  
2. DATE 15 May '49  
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4. AREA Statewide

DESCRIPTION OF Chronic Disease FACILITIES

**II. COMMENTS (Attach Additional Sheets if Required)**

The State Agency considers it impracticable to designate locations for provision of additional beds for chronic diseases. State-owned hospitals represent the bulk of existing beds and are under the jurisdiction of the State Board of Control. Information as to the planning of that agency for the construction of new facilities is not available. Teaching hospitals will be encouraged to provide an appropriate number of beds in this category. Special priority consideration will be given such applications.





## AREA PRIORITIES

The initial State Plan established priorities for general hospital service areas on a simple basis of percentage of bed needs met. The requirements of U. S. Public Health Service Grants-in-aid Manual No. 23-2 Title 2, Hospital Survey and Construction were considered. With a few exceptions, in which two or more counties were combined, the areas established were strictly by county boundary. In the Revised State Plan this method of determining area priorities has been continued. The policy of combining several counties has been expanded to a degree believed to be justified by a study of local factors such as sparse population, financial resources, available medical personnel, community interest, proximity to hospitals in other communities, and the like. This measure has resulted in a reduction of the number of rural areas formerly appearing as separate "A" priority areas for which no hospital beds had been provided. Determinations of actual service areas also have influenced the combining of these with other counties. The State Agency proposes to give special consideration to these counties in the event small hospitals or community clinics can be justified within their personnel and financial limitations. Approval by the State Agency of such installations may be given, if necessary, upon a special priority consideration. In some of these counties it may be inadvisable to encourage hospital construction.

The former policy of fractional breaking down area priorities will be discontinued.

Initial installations and additions to existing acceptable facilities shall be given priority over replacements except (a) where replacement is of minor character and necessary to the provision of acutely needed additional facilities, or (b) where the replacement of an existing needed facility constituting a public hazard is considered essential.

Projects in lower priority areas will not be placed normally above a project in a higher priority area unless such project is more urgently required for providing a service on a regional or statewide basis which will not otherwise be provided in the higher priority areas.

Area Priorities

Projects in lower priority areas may be approved when it can be demonstrated (a) that a real need exists for hospital beds to provide reasonable facilities for a logical service area, (b) that there exists a keen community interest, and (c) that adequate local funds are available for construction and operation; provided, that applications already submitted from areas having a higher priority have been given full consideration; and provided further, that applications from areas having a higher priority have not been submitted within a reasonable time following publication of the Revised State Plan.

The role of teaching hospitals in supplying trained physicians and nurses to relieve the existing shortage is recognized as having a direct bearing upon the construction and utilization of hospital beds under Public Law 725. It is considered sound policy to assist these hospitals in increasing their bed capacity and thereby insure adequate clinical teaching material and at the same time provide more and better facilities for the care of patients referred by hospitals in lower echelons of the integrated hospital system. The State Agency will give special consideration, apart from the area priority, to applications of bona fide teaching hospitals when evidence is furnished that additional beds and/or out-patient facilities are needed for referred patients needing specialized medical care in any categories and for increasing clinical teaching facilities and material; provided, satisfactory assurance is given the State Agency of the applicant's intention and ability to expand existing recognized teaching programs or to organize and carry out a satisfactory formal training program for residents, interns, nurses or undergraduates.

No priorities are established for allocation of beds for tuberculosis, nervous and mental diseases or chronic diseases. These allocations will be made on a statewide basis. The State Agency does not have jurisdiction over the State-owned institutions for the treatment of patients in these categories. State-owned hospitals for these categories represent the bulk of existing beds and are the responsibility of the State Board of Control. The State Agency considers it impracticable to designate proposed locations of new construction for these purposes. A reasonable proportion of Federal funds available to the State Agency will be

Area Priorities

budgeted for aid to eligible applicants for construction of beds in these categories. The maintenance of an annual balance among categories of facilities is not contemplated. Priority for Federal aid will be given applicants to whom State funds are not available and will be determined at the time construction of projects is being considered. Special consideration will be given facilities in these categories when they are to be constructed in connection with teaching general hospitals, or in areas of high disease prevalence where facilities are inadequate or non-existent.

No application for general, tuberculosis, mental or chronic disease hospital construction will be approved under the plan unless the applicant includes therein the following statement: -

"The applicant hereby assures the State Agency that no person in the area will be denied admission as a patient in the facility on account of race, creed or color."

The Division of Local Health Services of the State Department of Health has the responsibility for the establishment of health units and for stimulating units to acquire adequate housing. In conjunction with that Division, the statewide needs for Public Health Centers and auxiliary facilities have been determined as indicated in the accompanying map.

No priorities have been set up for construction of Public Health Centers. Highest priority in this category shall be given to the provision of facilities for Local Health Units serving rural communities and areas with relatively small financial resources. The recommendations of the Local Health Services Division will be given consideration. An adequate portion of Federal funds available to the State Agency will be reserved for carrying out this obligation.

The State Agency reserves the right to plan facilities for separate population groups in any area.

Priority ratings for general hospitals are indicated in the following table: -

Area Priorities

Priority	Per cent of need met	No. of areas
A	0 - - 10	7
B	11 - - 25	1
C	26 - - 45	19
D	46 - - 60	24
E	61 - - 80	55
F	81 - - 100	<u>98</u>
TOTAL		204

## RELATIVE NEED REPORT

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON 25, D. C.FORM APPROVED  
BUREAU OF BUDGET NO. 68-R304  
EXPIRATION DATE SEPT. 30, 1948

NOTE: - SEE REVERSE SIDE FOR INSTRUCTIONS ON THIS FORM.

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- b. Chronic Disease, Mental and Tuberculosis Hospitals only if programmed on LESS THAN STATE WIDE BASIS.

This form SHOULD NOT be filled out for Public Health Centers.

1. PAGE 1 OF 32. DATE 15 May '493. STATE Texas4. CATEGORY General

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
A	R-26	0	D	R-99	57
A	R-74	0	D	R-104	51
A	R-95	0	D	R-117	51
A	R-100	0	D	B-11	56
A	R-111	0	D	I-27	56
A	R-116	0	D	R-141	60
A	R-153	0	D	R-144	53
B	R-64	15	D	R-149	60
C	R-25	32	D	R-158	50
C	I-10	32	D	R-161	58
C	I-11	34	D	R-163	47
C	I-13	26	E	B-1	79
C	I-15	44	E	I-1	77
C	I-16	43	E	R-4	61
C	I-17	42	E	R-10	60
C	R-67	40	E	B-2	63
C	R-68	40	E	I-3	68
C	R-105	28	E	R-23	66
C	R-128	34	E	R-24	72
C	R-129	33	E	R-28	78
C	R-135	32	E	B-3	63
C	R-136	33	E	R-34	76
C	B-12	41	E	R-40	64
C	I-25	28	E	R-47	69
C	I-26	34	E	B-5	71
C	R-148	30	E	I-5	66
D	R-156	26	E	I-7	68
D	R-21	52	E	R-52	66
D	B-4	60	E	R-53	61
D	R-41	55	E	R-56	74
D	R-45	48	E	R-57	71
D	I-8	48	E	B-6	67
D	I-9	54	E	I-14	75
D	R-54	57	E	R-72	70
D	R-65	47	E	R-73	74
D	R-71	55	E	R-75	68
D	R-77	52	E	R-80	79
D	B-8	49	E	R-85	64
D	R-90	60	E	R-88	68
D	R-98	52	E	B-9	61

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PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
E	R-96	73	F	R-17	100
B	R-97	72	F	R-18	82
E	R-101	74	F	R-19	100
E	R-103	80	F	R-20	100
B	B-10	78	F	R-22	100
E	I-22	73	F	R-27	100
E	I-23	72	F	R-29	100
E	R-106	74	F	R-30	100
E	R-109	65	F	R-31	100
E	R-110	72	F	R-32	100
E	R-112	73	F	R-33	92
E	R-113	66	F	R-35	100
E	R-114	73	F	R-36	100
E	R-115	71	F	R-37	93
E	R-118	80	F	R-38	100
E	R-120	75	F	R-39	88
E	R-123	72	F	I-4	86
E	R-126	62	F	R-42	86
E	R-130	66	F	R-43	100
E	R-131	80	F	R-44	100
E	R-143	72	F	R-46	82
E	R-145	62	F	R-48	89
E	R-151	72	F	R-49	100
E	R-152	70	F	R-50	100
E	B-13	69	F	I-6	89
E	R-157	64	F	I-12	94
F	I-2	100	F	R-51	85
F	R-1	83	F	R-55	81
F	R-2	100	F	R-58	93
F	R-3	100	F	R-59	81
F	R-5	100	F	R-60	100
F	R-6	100	F	R-61	100
F	R-7	100	F	R-62	85
F	R-8	100	F	I-18	100
F	R-9	100	F	I-19	100
F	R-11	100	F	R-63	89
F	R-12	100	F	R-66	84
F	R-13	100	F	R-69	83
F	R-14	100	F	R-70	100
F	R-15	100	F	B-7	82
F	R-16	100	F	R-76	83

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1. PAGE 3 OF 32. DATE 15 May '493. STATE Texas4. CATEGORY General

PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)	PRIORITY (5)	AREA (6)	PERCENTAGE OF NEED MET (7)
I	I-20	100	I	R-160	100
F	R-78	100	F	R-162	88
F	R-79	100			
F	R-81	100			
F	R-82	100			
F	R-83	100			
F	R-84	100			
F	R-86	100			
F	R-87	100			
F	R-89	100			
F	R-91	100			
F	R-92	100			
F	R-93	90			
F	R-94	100			
F	R-102	100			
F	I-21	100			
F	I-24	100			
F	R-107	100			
F	R-108	86			
F	R-119	100			
F	R-121	93			
F	R-122	100			
F	R-124	100			
F	R-125	100			
F	R-127	92			
F	R-132	100			
F	R-133	100			
F	R-134	100			
F	R-137	85			
F	R-138	87			
F	R-139	100			
F	R-140	100			
F	R-142	100			
F	R-146	100			
F	R-147	100			
F	R-150	100			
F	I-28	86			
F	R-154	100			
F	R-155	100			
F	R-159	100			



Exhibit "F"

METHOD OF ADMINISTRATION

1. Publication of the State Plan.

a. A general description of the Revised State Plan will be published in appropriate newspapers after approval by the State Agency and by the U. S. Public Health Service. The U. S. Public Health Service concurs in the opinion that a public hearing on the Revised Plan need not be held.

b. No radical change has been made in the revision of the State Plan concerning the development of a Hospital Construction Program, methods of determining relative need and of establishing priorities, or methods of administration. The minimum standards of operation and maintenance have been more specifically defined. Current statistical data concerning area populations, existing hospitals, percentage of occupancy, and percentage of bed needs in the various categories presently met, have been incorporated within the Revised Plan. Therefore, with the concurrence of the U. S. Public Health Service, publication of the Revised State Plan will be limited to press releases of a general description of the Plan to newspapers with a general circulation throughout the State and to county newspapers. In addition, societies, organizations and associations will be urged to cooperate in bringing the essential portions and provisions of the State Plan to the attention of interested and affected parties, persons, organizations and associations.

c. One approved copy of the Revised State Plan will be available at all times in the State Agency for public examination.

2. Establishment of the Project Construction Program.

a. After approval of the Revised State Plan by the Public Health Service, the State Agency will develop and submit a Project Construction Schedule which will list the projects for which construction can be commenced immediately. The Schedule will be developed by soliciting applications from sponsoring agencies in areas of the greatest unfilled need and in the order of the area priorities as shown in the over-all construction program. High priority areas will be given a reasonable time in which to indicate an intention to make application. The

Method of Administration

number of projects included on the Project Construction Schedule will depend upon the amount of the Federal allotment to the State. Thereafter, a revised schedule will be submitted from time to time when indicated.

b. Projects will be selected for the Project Construction Schedule after consideration of the following factors:

(1) The priority of the project as determined in accordance with the principles outlined in the State Plan for determination of relative need.

(2) The intent of sponsoring agencies to begin construction within a reasonable length of time.

(3) The ability of the sponsoring agency to meet the financial requirements for construction, maintenance and operation of the proposed facility.

(4) The maintenance of an appropriate balance in the construction of the various categories of facilities (i.e. general, tuberculosis, mental and chronic disease hospitals and public health centers). The balance between categories of facilities will not be reflected in each Project Construction Schedule. However, construction which is scheduled over the five-year program will reflect an appropriate balance between the various categories of facilities.

c. If a project is removed from the Project Construction Schedule by the State Agency, the Schedule will be revised to include the next highest priority project which meets the requirements for inclusion.

d. The fact that a project is excluded from the Project Construction Schedule for any of several reasons will not change the project priority rating (although for other reasons this priority may change). Such projects will be considered for inclusion in each succeeding Project Construction Schedule.

Method of Administration

e. If a project is in the highest priority group, Part I of the Project Construction Application, which is prescribed by the Public Health Service, may be approved and forwarded prior to approval of the Project Construction Schedule. If the project is not in the highest priority group, Part I of the Project Construction Application will be submitted with the Schedule.

f. Applications for Federal assistance under Public Law 725 will be submitted on the Project Construction Application which is prescribed by the Public Health Service.

3. Standards of Construction and Equipment.

a. The State Agency has adopted as its general standards of construction and equipment Appendix A, as amended, of the Regulations issued pertinent to Public Law 725, 79th Congress.

b. Copies of such standards are available for inspection at the State Agency.

4. Inspection by the State Agency.

a. When a request for payment of an installation is made, the State Agency will make an inspection of the project to determine that services have been rendered, work has been performed, and purchases have been made as claimed by the applicant and in accordance with the approved project application. In addition, the State Agency will make such additional inspections as are deemed necessary. Reports of each inspection will be retained in the files of the State Agency.

5. Construction Payments.

a. Requests for construction payments shall be submitted by applicants to the State Agency at the times prescribed by Section 10.78 (a) of the regulations.

b. Under existing law, the State is authorized to make payment of Federal funds to all types of applicants.

c. Federal funds shall be paid to the State Treasurer.

Method of Administration

d. The State will promptly remit or credit all payments of Federal funds received by the State for payment to applicants for approved construction projects.

6. Establishment and Maintenance of Personnel Standards on a Merit Basis.

a. All personnel employed in administering the State Plan will be appointed under and subject to the merit system maintained by the State Merit System Council. The merit system agency will furnish the Public Health Service with such data and information as is necessary to determine compliance with the Act and Regulations.

b. Rules and regulations governing the merit system are on file with the U. S. Public Health Service.

7. Fiscal and Accounting Procedures.

a. The State Agency will comply with the provisions of Section 10.79 of the Regulations by maintaining the necessary accounting records and controls, and requiring applicants for Federal funds to maintain adequate fiscal records and controls.

b. The State Agency agrees that it will retain on file all documents coming into its possession which relate to any expenditure under Public Law 725. In addition, the State Agency will take such steps as are necessary to assure that applicants (1) retain all relevant and supporting documents, and (2) establish suitable property inventory records covering all equipment of more than nominal value.

c. The State Agency further agrees that it will:

(1) retain the accounting records, controls and documents described in "a" and "b" above for a period of at least one year beyond its participation in the program;

(2) take such steps as are necessary to assure that applicants retain the fiscal records, controls and documents described in "a" and "b" above for a period of at least two years after the final payment of Federal funds.

MINIMUM STANDARDS OF OPERATION AND MAINTENANCE

a. The State Agency has adopted the attached regulations which prescribe minimum standards of maintenance and operation for all hospitals aided under the Hospital Survey and Construction Act.

b. The opinion, No. V-548, of the Attorney General of Texas has established the legality of these standards and the enforcement authority of the State Agency therefor.

FAIR HEARING PROCEDURE

The following rules and regulations governing Fair Hearing Procedure have been adopted by the State Agency:

a. The State Agency will provide an opportunity for a fair hearing before the State Agency to every applicant who has requested Federal aid in hospital construction, is dissatisfied with the action of the State Agency, and appeals for a hearing.

b. Actions of the State Agency which entitle applicants to a hearing include the following:

- (1) Denial of opportunity to make formal application,
- (2) Rejection or disapproval of application, and
- (3) Refusal to reconsider an application.

c. Appeals from decisions or actions of the State Agency must be made by the applicant, in writing, within 30 days from the date of the adverse decision by the State Agency.

d. The appellant will be notified in writing of the time and place of hearing. The time and place of the hearing which is determined by the State Agency, will be reasonably convenient for the appellant.

e. The appellant is entitled to be represented by friends or counsel, if he so desires. The appellant and other persons interested and concerned with the State Agency's decision are entitled to present pertinent evidence in the way desired subject to reasonable procedures of admissibility and methods of presentation.

Fair Hearing Procedure

f. The appellant is entitled to examine all evidence and to question opposing witnesses.

g. Whenever practicable, the presiding officer will be an official in a responsible position who did not participate in the action from which the appeal is made.

h. The decision of the State Agency will be made in writing within 30 days from the date of the hearing, and will be based on the evidence presented at the hearing.

i. A stenographic record of the hearing will be made, and, upon request of the appellant, will be transcribed and made available for examination.

SUBMISSION OF REPORTS AND ACCESSIBILITY OF RECORDS

The State Agency hereby agrees to make such reports in such form and containing such information as the Surgeon General may from time to time reasonably require, and to give the Surgeon General or his representatives, upon demand, access to the records upon which such information is based.

REVISION OF HOSPITAL CONSTRUCTION

The State Agency hereby agrees that it will from time to time as is necessary, but at least annually, review the over-all hospital construction program. The State Agency further agrees that it will on or before May 15th of each year submit to the Surgeon General a report which contains such revision of the over-all hospital construction program as the State Agency considers necessary.

TEXAS STATE HEALTH DEPARTMENT  
Hospital Survey and Construction Division

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Minimum Standards of  
Operation and Maintenance

A. PURPOSE.

1. The purpose of this instrument is to establish, in accordance with the provisions of Public Law 725 and Section 4 (a), Texas Hospital and Construction Act, minimum standards of operation and maintenance for hospitals receiving federal grants-in-aid.

2. The intent of these standards is to establish basic principles of maintenance and operation which will assure safe and adequate care for patients. It is recognized that in some instances considerable time may be required before these standards can be fully met. It is the policy of the State Agency to be as helpful as possible. In making the required inspections, representatives of the State Agency will give due consideration to the special problems of individual institutions.

3. No attempt has been made to establish special standards of operation for small units although it is recognized that many of the requirements of these regulations are not appropriate for small hospitals and go far beyond their ability to meet satisfactorily. Small hospitals, therefore, will be judged on an intelligent appraisal of the local conditions, personnel limitations, spirit of cooperation, and the effort being made by the responsible authorities to maintain generally recognized standards of operation.

B. ADMINISTRATION.

1. Governing Board.

There shall be a Board of Directors, Board of Trustees or other similar body in each institution which shall be the supreme authority in the hospital responsible for its management, control and operation including the appointment of a qualified medical staff, the conservation and use of hospital monies and the formulation of administrative policy.

a. It shall be composed of at least five representative residents in the area served by the institution or as many more additional members, who need not be such residents, as are required to effect efficient direction, provided, however, that any hospital operated by a religious body or

Minimum Standards of Operation and Maintenance

organization may have a governing body as its supreme authority which may be composed and organized of officials or members of such religious bodies or organizations and in accordance with the practice or rule thereof notwithstanding lack of residence in the area served by the institution.

b. The governing body shall consist of, at least, a president or chairman, vice-president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.

c. It shall conduct regular meetings and such special meetings as are required.

2. Administrative Officer.

All institutions shall have an administrative officer, superintendent or director who shall be selected by the governing body to serve under its direction and be responsible for carrying out its policies. Hospitals operated by religious organizations shall conform to the accepted procedure of such religious group. The religious authority under which the hospital operates shall be responsible for its direction and supervision so that the policies of such religious organization may be effectively served.

a. The administrative officer shall have charge of and be responsible for the administration of the institution.

b. The administrative officer shall exercise no control over the visiting professional staff. He will be expected to bring to the attention of the president of the professional staff the failure of members of that staff to conform with established hospital policies regarding administrative matters, such as the maintenance of adequate clinical records, and the like.

c. The administrative officer will be responsible for the preparation and coordination of prescribed training programs for undergraduates, internes and residents, and for their housing, subsistence and general conduct as it relates to the hospital administration.

Minimum Standards of Operation and Maintenance

d. Each hospital shall furnish the State Agency with the name and address of its administrative officer.

3. Administration and Records.

a. Ownership and administration of the hospital shall not change to any category other than type of ownership which is declared eligible under Public Law 725, 79th Congress.

b. Each hospital shall have accurate and complete medical records properly prepared and filed in an acceptable manner. The use of the standard nomenclature of diseases is recommended in connection with records. These records shall consist at least of:

- (1) Admission and provisional diagnosis.
- (2) History.
- (3) Physical findings.
- (4) Physician's progress notes.
- (5) Record of operation and treatments.
- (6) Report of specimens examined, x-ray findings, laboratory results, etc.
- (7) Nurses notes.
- (8) Consultations.
- (9) Physician's orders.
- (10) Record of discharge or death, autopsy and post-mortem report.
- (11) Final diagnosis.

These records shall be kept up to date, and completed within a reasonable length of time after the discharge or death of the patient. Following completion they shall be properly stored and kept for a period of at least 10 years.

c. The records of the hospital shall include as a minimum:

- (1) Record of Admissions and Discharges.
- (2) Case and Clinical Records.
- (3) Daily Census.
- (4) Register of Births.
- (5) Narcotic Register.
- (6) Deaths.
- (7) Autopsies.
- (8) Consultations.

Minimum Standards of Operation and Maintenance

The above records, within the limits of existing laws, shall be available for inspection at all times within business hours by the State Agency through its duly authorized representatives.

d. A summary annual report of the activities of the hospital on the form provided by the State Agency shall be filed with the State Agency within three months of termination of each calendar year.

e. Statistical records covering patient admissions and discharges shall be kept in such a manner as will disclose amounts and type of services rendered, number of patient days, etc. Other vital statistics as required by State laws shall be compiled daily and reports of all statistical information shall be made up at least once each year, covering the previous calendar year period

4. Accounting and Auditing.

a. Accounting records of all operating procedures shall be kept on a monthly basis and complete operating and financial statements shall be compiled at least once annually and kept on file for twenty years.

b. Financial records should be audited annually by a reputable accounting firm. Verified copies of such audits may be required by the State Agency as well as such other financial statements as may be necessary.

5. Medical Library.

It is recommended that hospitals maintain a medical library with the minimum volumes and journals as suggested by the Council on Medical Education and Hospitals of the American Medical Association.

6. Food Preparation and Handling.

a. The preparation of food, planning of menus, supervision of food service and other related activities shall be under the direction of a dietitian or other qualified person. The American Dietetic Association has established qualifications which may be used as a guide in selecting such personnel.

Minimum Standards of Operation and Maintenance

b. The equipment shall include such facilities as are needed to prepare hot, well balanced meals in sufficient quantity to serve as many patients as the institution accommodates.

c. Food and foodstuffs at hospitals shall be stored, handled and served in compliance with sanitary requirements of the State Board of Health pertaining to restaurants.

d. All food handlers shall have semi-annual examinations, including serological tests as provided by State law for food handlers in other organizations.

C. PROFESSIONAL STAFF.

1. Organization.

a. The medical staff of each hospital shall organize itself into a professional group or body in order to properly care for the sick and injured, to insure continued professional efficiency, to adequately govern itself and its members, to encourage the educational activities of the institution and its staff, to audit its own professional work and otherwise cooperate with the governing body and the administrator.

b. The organization shall have duly constituted officers such as a president, vice-president and secretary, with authority to appoint as many committees as are necessary to carry out the work of the organization.

c. By-laws, rules and regulations shall be formulated in conformity with the by-laws of the hospital, setting up the plan of organization. It is suggested that the "By-Laws of the Medical Staff," approved by the State Medical Association of Texas and the American Hospital Association, be used as a guide, but the following should be included as a minimum.

(1) Qualifications for membership on the medical staff shall consist of:

(a) Graduation from an approved professional school granting a degree of Doctor of Medicine.

(b) Graduation from an approved dental school with the degree of Doctor of Dental Surgery.

Minimum Standards of Operation and Maintenance

(c) Licensing shall be in conformity with the State law governing the practice of medicine and surgery.

- (2) Recommendations to governing body regarding privileges to physicians.
- (3) Where possible, hospitals should present a detailed outline of the medical staff organization into categories, divisions, departments, specifying responsibilities.
- (4) Prohibition of unethical conduct.
- (5) Plans for maintaining complete medical records.
- (6) Provision for pre-operative diagnosis.
- (7) Responsibilities of surgeon-in-charge of operations.
- (8) Requirement that physicians' orders be in writing.
- (9) Provision for regular monthly meetings and such special meetings as are required.
- (10) Placement of final decision on hospital administrator for admissions.
- (11) Requirement for consultation in all necessary cases.
- (12) Proper consents before surgery.
- (13) Election of officers and appointment of committees.
- (14) Keeping of minutes.
- (15) Standing orders.

Nothing in the above section shall limit the privilege of the medical staff to formulate such additional rules and regulations which it may feel will facilitate adequate medical care of patients.

Minimum Standards of Operation and Maintenance

2. Staff Conferences:

a. Staff conferences should be held at least monthly, preferably at a regular time and place. The conference agenda should be forwarded to all members prior to the date of meeting. Staff meetings should include clinical pathological conferences and should, in general, be directed toward increasing the efficiency of the medical staff, developing medical knowledge and promoting clinical research.

b. Active staff members should be required to attend at least fifty per cent of the meetings unless excused for legitimate reasons.

3. Availability of Professional Personnel.

a. A licensed physician shall be available and on call for emergencies at all times.

b. Professional personnel shall be available in adequate numbers, properly organized and with adequate supervision.

c. Small hospitals will comply with subparagraphs a and b as far as limitations of personnel make it possible to do so.

4. Medication and Treatment.

Medication or treatment in hospitals may be given only on the order of a person authorized and professionally qualified to give such an order.

5. Referral and Follow-up of Patients.

When an organized community service is available, there shall be a definite policy for the referral of a patient who needs a community service upon his discharge from the hospital; for example, public health nursing services, convalescent home, etc.

6. Professional Services.

a. All patients admitted to the hospital shall be under the care of a state registered and licensed Doctor of Medicine as defined by the laws of the State of Texas.

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b. The nursing service of the hospital shall be directed at all times by a Registered Nurse. The director of nursing shall be responsible to the hospital administrator for administering all details of the nursing service and the school of nursing, when such an activity is operated. She shall be a graduate professional nurse eligible for registration in the State of Texas and shall have such special training and qualifications as may be necessary. (See Sec. A, Par. 3).

- (1) The director of nursing shall be responsible for selecting an adequate staff for the department of nursing.
- (2) Under the general supervision of the director there shall be an assistant director, if necessary, and such supervisors, head nurses, graduate professional nurses, practical nurses, student nurses and auxiliary workers as are required.

c. The department of nursing shall be organized to provide complete and efficient nursing care to each patient and the authority, responsibility and the functions of each nurse shall be clearly defined.

d. In all hospitals there shall be a registered nurse on duty at all times and such additional nurses as may be necessary. (See Sec. A, Par. 3).

e. All practical nurses and auxiliary workers and volunteers performing nursing service functions shall be under the supervision of a registered professional nurse. Their duties shall be clearly defined and they shall be instructed in all duties assigned to them.

f. The care of maternity patients and newborn shall be in strict compliance with present laws and regulations and subject to inspection by authorized persons at all times.

g. Professional Case Records shall be compiled for all patients and signed by the attending physician. These records shall be kept on file for a minimum of ten years.

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D. PERSONNEL.

1. The Administrator shall set up adequate personnel procedures and keep appropriate records for all employees.
2. There shall be adequate provisions and appropriate supervision given to the training of interns, student nurses, auxiliary workers and volunteers.
3. Hospitals should assign separate personnel to the Maternity Service and, as far as practicable, to other specialized departments such as the operating room, pediatric service, etc. (See Sec. A, Par. 3).
4. Attention should be given to such items as adequate food service, sufficient recreational facilities and appropriate regulations regarding hours of work, leaves of absence and vacations. Attention should also be given safety and health of all employees, especially to the development of adequate medical and nursing service.
5. All employees shall have physical examinations by a licensed physician before employment and shall at all times while on duty be free from contagious or infectious disease.

E. PHYSICAL PLANT.

1. Physical Plant and Grounds.

a. All hospitals receiving Federal aid in their construction and equipment costs must comply with Public Law 725 and the Regulations and Construction Standards as outlined in Part 10, Title 42, Chapter 1 of the U. S. Public Health Service, Federal Security Agency Regulations and Appendix A of same as amended.

b. In addition, there must be full compliance with safety and sanitary standards as required by state and local buildings and sanitary codes in order to assure maximum safety to patients and to the public.

c. Any remodeling or expansion of any hospital which has received aid under Public Law 725 in its original construction must be approved by the State Agency prior to starting of such remodeling or expansion, whether or not Federal aid is to be requested for the additional projects.

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**F. INSPECTIONS.**

**1. Inspections and Consultations by State Agency.**

a. The hospital grounds and buildings shall be subject to inspection by a representative of the State Agency.

b. The State Agency shall be available for consultation with hospital owners and administrators relative to problems and plans which are covered in any of the above minimum standards.

c. Annual and, when indicated, special inspections will be made by the State Agency.



